

THE
AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF
MEDICINE AND SURGERY.

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THE AMERICAN PRACTITIONER.

OCTOBER, 1876.

Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

DISEASES OF THE PANCREAS.

BY J. E. LOCKRIDGE, M. D.

Heretofore most of the systematic writers on the practice of medicine have treated very slightly the diseases of the pancreas. Some, like Barlow, have ignored them entirely; the classical Sir Thomas Watson, rather than "slight" this organ, devotes just eleven lines to its diseases, but winds up by saying, "I do not know of any remedies" for these complaints. Flint and Wood each gives about one and a half pages to their consideration. It is not my purpose to write a treatise on these complaints, but rather to enter a mild protest against two propositions that all of these writers seem to lay down; these are, that diseases of the pancreas are very rare, and when they do exist the diagnosis is most difficult, if not impossible.

In considering the first of these propositions, I will say that I can see no good reason why we might not expect to encounter diseases of the pancreas as well as almost any other of the adjuvant organs of digestion; and that, too, both primarily

and secondarily. Anatomically, it resembles the salivary glands, and in physical properties its secretion is almost identical. The organ derives its blood supply wholly from the hepatic, splenic, and superior mesenteric arteries, and hence trouble at these fountains would be likely to affect it secondarily. In the last ten years of my experience it has been my lot to encounter disease of the organ, in some form, quite frequently; but during the first ten years of my experience I met with not a single case to my present knowledge, because, having been taught that they were "very rare," I doubtless overlooked many cases. Sir Thomas Watson writes that "perhaps he has seen eight or nine cases of cancer of the head of the organ in his experience;" I, with not one tithe of the experience or skill that he possesses, have seen quite that number of either cancer, simple hypertrophy, or chronic inflammation of this organ. I am forced to believe that many cases have run their course, either to a favorable or fatal termination, without their real nature ever having been suspected. From having been called in consultation in these cases, and by having them come under my care after having passed through the hands of other physicians, I have learned that they are most apt to be mistaken for the following complaints, taking them in the order in which I here place them: dyspepsia, so-called "liver disease," scirrhus of the pylorus, and hypertrophy of the greater curvature of the stomach, aneurism of the abdominal aorta, enlarged spleen, floating kidney (left), and an accumulation of fæces in the transverse colon from obstruction. This brings us to the attempted refutation of the second proposition, that the diagnosis is next to impossible.

In the outset it would be well to enumerate a set of symptoms that generally accompany affections of this organ; but, by way of parenthesis, I might as well say that there are only two symptoms that are pathognomonic of pancreatic diseases, and these are a tumor situated between the pit of the stomach and umbilicus, and which has been ascertained by elimination to be in the pancreas; and the other symptom is the constant

passage through the bowels of the undigested fatty portion of the food; for it is the known function of the pancreatic juice to emulsify fats, and render them suitable for imbibition by the lacteals. But there are scores of other symptoms, some of which I will enumerate; a fixed pain, or rather soreness on pressure over the epigastrium, a disposition to lie on the right side, because the dorsal *decubitus* is rendered painful by the weight of the stomach; and on the left side by that of the liver; the patient is generally affected with a train of gastric or dyspeptic symptoms, such as pyrosis, gastrodynia, nausea, and vomiting, which for the most part come on a few hours after eating; there is often inordinate action of the heart, without alteration in structure or rhythm; there is, on very close examination, a deep-seated tumor just above the umbilicus, fixed and roundish, hard and somewhat nodulated in scirrhus, but rather oblong and elastic in simple hypertrophy; there is jaundice, or at least an approach thereto, from pressure on the common duct; there is generally aortic pulsation, and sometimes a *bruit*. As the disease, or diseases, advances, there is emaciation and general malaise; the bowels are either constipated or loose, as the case may be; there is generally an absence of fever, and the tongue is generally coated with a white fur denoting feeble digestion, and the appetite is generally moderately good.

I will now attempt to lay down some rules for the differential diagnosis of the diseases of the organ in question, from those of some of the other organs and parts of this anatomical jumble, with which they have often been confounded. In the case of some of them it is comparatively plain sailing, but in others, I am willing to admit, that it is as difficult as possible. But in none do I consider it impossible, if we take ample time, and bring to bear on the case all of a reasonably good anatomical and physiological knowledge.

As previously indicated the superficial observer is almost sure to mistake disease of the pancreas for dyspepsia. He encounters a case with the usual symptoms of dyspepsia, and either for a want of tact in detecting anatomical changes, or

much oftener from a failure to examine the region *at all* for these changes, he goes to work and plies his remedies with vigor, and directs his treatment altogether to the stomach. He never suspects that he has an hypertrophy, chronic inflammation, or scirrhus of the pancreas, to deal with. After six months or a year, more or less, the patient may *by chance* get well, or his physician may send him off to some mineral spring which happens to possess powerful deobstruent properties, and by this means a cure may be effected. But more often he goes from doctor to doctor, if he does not go to the graveyard in the meantime, until at last he meets with one who detects the true nature of his case, and institutes the proper treatment.

Here is a case in question. Early in June of the present year, and just before I left Virginia, a gentleman came to consult me from a neighboring county. He told me that he had enjoyed almost uninterrupted health until the first day of last January, at which time he took a bad cold which almost ran into pneumonia before he got over it; and during this time, and for some weeks afterwards, the glands of his neck were very much swollen. After using iodine on them for some time the swelling entirely disappeared, but still he was not well. When I saw him he was complaining of soreness in the region of his stomach; his appetite was quite good, but yet he had lost forty pounds in flesh, and was still losing; he complained of considerable uneasiness after meals, yet he seemed to digest his food very well; he had rather an inordinate desire for fat meat, but there was no evidence that the fat passed through undigested, or at least he had not observed anything of the kind; there was inordinate action of the heart, the pulse counting one hundred and twenty to the minute, yet the heart was perfectly sound in structure and rhythm. On examination I at once detected a deep-seated tumor between the pit of the stomach and umbilicus; the tumor was pulsating and attended with a faint *bruit*; it was rather oblong in shape, somewhat elastic, and was really less painful under pressure than a line or circle of soreness which

surrounded the tumor, and which was caused by its encroachment on neighboring parts or organs. Now for the differentiation of this tumor. It was not in the stomach, for there were really no symptoms of indigestion that would imply that there was a large portion of the stomach involved in organic disease, for the tumor was at least three times the normal size of the pancreas; there was no pyrosis, or water-brash, but rather a sensation of encroachment. It could not be in the liver, for whilst there was rather a jaundiced hue of the skin, which was caused by pressure on the common bile duct, yet the tumor was in the median line and the liver was felt in its normal position, and without tenderness or alteration in size. Of course the left kidney and spleen were out of the question; for a floating kidney—two cases of which I have seen, both on the right side, and both in the female—is quite easily made out from its shape and smoothness, and want of tenderness on pressure; and the median position and circumscribed character of the tumor distinguished it from an ague-cake.

We come now to the consideration of this, and other such cases, as regards their discrimination from aneurism of the abdominal aorta at the most common seat, where it is weakened by giving off the coeliac axis; this, perhaps, is the most difficult in most cases to determine. Both tumors are deep-seated; in both there is generally pulsation; in both there is commonly a *bruit* of some kind. The pancreatic tumor is generally longest transversely, whilst the aneurismal is most often fusiform, and is therefore vertical; the practiced ear will generally distinguish the simple *bruit de souffle* of the pancreatic tumor, caused by its pressure on the aorta, from the well known aneurismal purr. If the fingers of both hands be gently but persistently insinuated down on either side of the tumor, if it be a pancreatic tumor, it can be raised from its contact with the aorta and the pulsation will cease, as well as the bruit; but in the case of an aneurism the tumor is more fixed, and the pulsation will continue laterally, as well as vertically. Still further, if the patient be placed in the genu-manual or "all-fours" position, the diseased gland will gravi-

tate from the aorta, and the *bruit* will cease unless it be an aneurism.

In my preceding remarks I have been dealing, for the most part, in negations and eliminations; but now let us inquire into the purport of some of the positive signs of pancreatic diseases. The jaundice and gastric symptoms are produced in part by direct pressure; but in many cases I am disposed to attribute the origin of these symptoms to the direct pressure of the tumor on the semilunar ganglion and solar plexus of the sympathetic nerve, with which both an enlarged pancreas and aortic aneurism would come in contact; and I have seen both these maladies produce precisely analogous symptoms on each of these neighboring organs. It is very easy to explain this nervous catenation through the irradiating fibers of the solar plexus and its connection with the pneumogastric. So great was the tumult of the heart in the case of the gentleman, whose case I have been carrying along with me in these remarks for the sake of differentiating the diagnosis, that he could scarcely believe but that his heart was awfully diseased.

Another symptom of vast importance in the diagnosis, is the inordinate desire for fat meats. This is of easy explanation. The emulsifying process and consequent absorption of the fatty ingesta by the lacteals is in abeyance for the want of healthy pancreatic juice, and the economy is simply crying for this element of nutrition, and hence the appetite for the fats. Another point of importance is the very *deeply-seated* location of the tumor, which should of itself almost reduce the case to the diagnosis between it and aneurism; and of this I have spoken very fully, but will have occasion to allude to it again.

But do not let us lose sight of the case which I have taken along as a sort of *vade mecum* in this paper. This gentleman had been treated for four or five months by several very intelligent physicians for dyspepsia, but without any improvement, but on the other hand a progressive loss of flesh and strength. They had not discovered the tumor in the hypogastric region,

and the patient informed me that neither of them had even examined or *touched* him in this region. From the fact that the family was evidently a scrofulous one, I diagnosed the case as strumous enlargement of the pancreas; and although, from some indications about the case, I could not give a very favorable opinion as to the result, yet the gentleman seemed relieved that the cause at least of his ailment was probably discovered, for I placed his own hand on the tumor, which he could plainly discover, and feel the aortic pulsation quite plainly. I made the following prescription, which I directed him to use indefinitely, as I was about to leave the state; and the understanding was, that if he needed further aid he was to address me in this city. I have not heard from him, and conclude that he is improving at least. I ordered him to paint the tumor three times a day with tincture of iodine, and take the following:

R. Syrup iodide iron,	℥ij
Fowler's solution,	℥iv
Corrosive sublimate,	grs. ij
Quinia,	grs. xx
Water,	℥vss

M. sig. Take one teaspoonful, three times a day, after each meal.

I will briefly review two or three cases of other forms of the disease that have fallen under my observation, and then close by referring to a case or two in which the trouble consisted principally in diagnosing *from* pancreatic disease.

In 1870 I was called in consultation in the case of a young man who was within a few days of his death from a progressively wasting disease which had existed for several months. The most prominent symptoms were those of dyspepsia, for which complaint he had been treated by several physicians until within a week or two of my call, when, owing to the extreme emaciation, a tumor was discovered in the region of his stomach. As to the nature of this tumor, and its location, there were just about as many opinions as there were doctors employed in the case: one thought it was in the stomach,

another contended that it was a tumor of the liver, and a third, of very considerable experience and fair reputation, thought that it was a chronic abscess situated in some of the organs or tissues in that vicinity, and he seemed to be strengthened in this belief from the fact that there was another small tumor situated in the inguinal region. Owing to the extreme degree of emaciation of the patient there was but little trouble in handling the tumor, which, however, was very painful under pressure; it was situated against the spinal column, roundish in shape, hard and distinctly *nodulated*; it was attended with the usual gastric and hepatic symptoms; there was an unmistakable cancerous cachexia about the appearance of the patient, besides he had lost a number of relatives with cancer and consumption. From the very deep-seated location of the tumor, it was obviously not in the liver; in the absence of any kind of a *bruit*, or decided aortic pulsation, an aneurism was out of the question. So the differentiation was evidently between scirrhus of the pylorus of the stomach and cancer of the head of the pancreas. Although there was occasional vomiting, and sometimes too of a dark-colored material, yet there was not that regular and persistent and scarcely ever-ceasing ejection of partially digested food that is always met with in cases of scirrhus and occlusion of the pylorus. I will just say here, once for all, that neither in this case, nor any other, have I had the opportunity to witness the admixture with the fæces of undigested and unemulsified fat; but I have more often met with an inordinate appetite for fatty food. This man's appetite was reduced to *nil*. This man died in about one week, and the post mortem, at which I was not present, revealed cancer of the head of the pancreas, with a small abscess forming on the liver from mere pressure, and a small abscess in the vicinity of the cæcum.

On one occasion, seven or eight years ago, I was consulted by a strong blacksmith for what he called dyspepsia. There was uneasiness and some soreness under pressure in the region of the stomach, a good deal of trouble during digestion, but a pretty fair appetite, and a *very good* appetite for fat meat;

he complained of a constant feeling of fullness in his stomach, and withal too much ill at ease to carry on his trade. On examination I found a considerable enlargement of the pancreas, which I diagnosed as chronic inflammation of the organ, and directed him to paint the skin over the tumor three times a day with tincture of iodine, and gave him ten grains of iodide of potassium three times a day. In a few days the tumor began to gradually melt away, and in three or four weeks it was entirely gone and all the dyspeptic symptoms with it, and he went to work and has never been sick a day since to my knowledge.

In 1870 I was called in great haste to see a very strong laboring man, and found him suffering most excruciating pain in the vicinity of the pit of the stomach; it was evidently a "fit of gravel" of some kind. I at first suspected the passage of a gall-stone, but there was *no jaundice*, nor was there the nausea and vomiting of bile usually met with in such cases, and the pain was too much toward the median line of the body for a gall-stone; I diagnosed pancreatagia from the passage of a calculus, and under the usual anodyne treatment the man was out in a day or two.

Before quitting this branch of my subject I must make a passing remark about the purely functional troubles of this organ. Their direct diagnosis must be hypothetical; but the best way I know of to confirm the supposition is the administration of pancreatine in some form; and these are, in all probability, the cases in which the pancreatic emulsion "acts like a charm." Indeed this remedy should be used in all cases of organic disease of the organ for the purpose of assisting digestion, until curative agents shall have had a chance to effect a cure. My experience with this remedy has not been sufficient to warrant any positive opinion as to its efficacy in such cases.

I will close this paper by giving as succinctly as possible a history of two cases of other complaints in which the diagnosis from pancreatic disease, and some other affections in that vicinity, was as difficult as possible. About a year and a half

ago I was consulted by a gentleman in a neighboring county about a train of symptoms which had been treated as dyspepsia by several physicians for about two years. The patient was about fifty years of age, of rather low stature, but very corpulent, weighing then something over two hundred pounds, his healthy avoirdupois being two hundred and sixty pounds. His principal complaint was a sense of constant uneasiness in the stomach, with a variety of dyspeptic symptoms; one very prominent one I noticed was a very frequent eructation of gas. Although he is now a good citizen and prominent christian gentleman, yet I noticed from the flat appearance of his nose that the bones had been destroyed by syphilis or some other ravaging disease; and in fact, upon inquiry, he candidly informed me that in his younger days he had had tertiary syphilis and had been a hard drinker. Upon very careful examination I detected a *very deep-seated* tumor, but owing even to his present obesity any tumor beneath the layer of adipose tissue would necessarily be deep-seated. The difficulty in locating this tumor was extreme: but in the absence of any jaundice the liver was eliminated from the count; a total absence of any *bruit* enabled me, in a measure, to exempt the pancreas and aortic aneurism. From the syphilitic taint, and from the fact that he had once been a hard drinker, I was enabled, with a pretty fair degree of certainty, to diagnose a thickening of the walls in the greater curvature of the stomach. I put him on the following prescription and in two weeks he began to feel better, and in three months the tumor had almost entirely disappeared and the dyspeptic troubles with it, and he had gained fifteen pounds in weight. I directed him to paint the skin over the tumor three times a day with the tincture of iodine, and take the following:

R Iodide Potassium,	3v
Corrosive sublimate,	grs. iij
Fowler's solution,	3iv
Comp. sp. lavender,	3ij
Water,	3vj

M. sig. Take one teaspoonful, three times a day, after

each meal. I saw this gentleman a year afterwards, and he was entirely well.

One more case, and an interesting one too, and I am done. In April, 1873, a robust young man came to consult me about a very severe pain in the region of the stomach, attended with gastric disorder and inordinate action of the heart. This pain had existed for six weeks, during which time he had lost fifteen pounds, he usually weighing two hundred and fifteen pounds. For about the four preceding years I had been treating this man for what I at first supposed was neuralgia of the head. At different times I had tried every conceivable remedy for neuralgia without ever having given him the slightest relief, except the most temporary. The pain was fixed always at one and the same spot, and some months before I came to the conclusion that there was some kind of a tumor of the brain which would ultimately give him worse trouble. I abandoned the case and advised him to go and consult a gentleman who was one of the most accomplished physicians in Virginia; this he failed to do. When he consulted me on the present occasion, he said the "neuralgia had suddenly left his head and moved to his stomach," and such, indeed, was the case with the pain; the head was perfectly clear of pain, the first time in four years, and all of his trouble was now in the region of his stomach.

On making a most searching examination of his case I discovered a very deep-seated tumor between the navel and pit of the stomach; it was distinctly pulsating, and expansively so, I was quite sure; there was a faint *bruit*, which, on placing him in the genumanual position, became *more distinct*, and left no doubt on my mind but that it was an aneurismal purr. There were some dyspeptic symptoms, which never existed before; there was also a decided jaundiced hue of the eyes, also very great action of the heart, and an aneurismal murmur over the arch of the aorta. I knew his family history very well, and knew that his mother died of angina pectoris, which is but a symptom of degeneration of the coronary arteries; I knew that his sister died of *ramolissement* of the brain, which

was doubtless due to thrombosis; in short, I knew that there was an hereditary predisposition to arterial degeneration. In accordance with these facts I made the diagnosis of aneurism of the abdominal aorta, and gave a rather unfavorable opinion as to the result, which shocked him greatly. Being in preparation for a prolonged sojourn in the West, I did not undertake the treatment of his case, but sent him to the distinguished physician alluded to above.

Unfortunately this medical gentleman failed to discern the true nature of the case, but mistook it for neuralgia and prescribed accordingly, and assured the young man that in ten days he would be so far relieved that "he would feel like another man;" and at the end of this period he should return to him, which he did, but alas! only to present himself in a condition growing progressively worse. At this visit the doctor examined him more carefully, but failed to detect the abdominal tumor, but discovered the *bruit* over the arch of the aorta, and construed it as the hygræmic murmur. This was manifestly an error, since the patient was neither, at this time, anæmic nor hygræmic, for he was very well nourished and still weighed nearly two hundred pounds. The doctor adhered to his former opinion, and noticing the jaundiced hue of the eyes and skin, and thinking that some derangement of the liver was protracting the neuralgia, he prescribed active cholagogue cathartics and applied a large blister over the epigastric region, and advised the patient to go to the warm or hot springs of Virginia. The medicine acted very drastically, and by the time he got through with it he was so much worse that he could not leave his house for some time; and he had also lost faith in the doctor, and seemed to be out of faith generally with the profession, since he had consulted two of them in whom he had confidence at least, and they differed so widely that he determined to take his case in his own hands, and did not return to his physician. But to the credit of this physician he admitted to a friend of mine that he had been entirely mistaken in Mr. B.'s case, and that he was then satisfied that the case would terminate fatally.

Just so soon as he had sufficiently rallied from the effects of the drastics, some time towards the last of June, he went to a strong chalybeate spring and remained there for a month or more, but on returning in July he had evidently lost ground. After having been at home for some time, the gastric and other troubles became so annoying that he was forced to call in a doctor from the neighborhood, who, with much promptness, diagnosed a case of *pure "dyspepsy;"* and under the use of remedies directed to the relief of the gastric symptoms he became more comfortable for a few weeks, but he continued to lose weight. Some time in the month of October, and about five months after I had, with very great difficulty, diagnosed aortic aneurism, this doctor was called in the night to relieve some violent symptom in the case, and for the first time discovered the tumor in the patient's abdomen. The patient by this time was reduced to a mere skeleton, and long before this time the tumor must have been as plain as a big apple in an old woman's reticule. After this discovery was made, just like buzzards around carrion, a number of other doctors gathered in to render service in the case, but in spite of their combined skill the poor young man died about the first of the next January. There was no post mortem made. Here was a case of general arterial degeneration; and as a result there were at least three aneurisms, one in the abdomen, one at the arch of the aorta, and a third located somewhere in the brain. I have introduced this case to show the great difficulty in diagnosing diseases in this region, and to show how doctors will differ as to their seat and nature.

I will now close this somewhat rambling and unphilosophical communication, in which I fear that I will be charged with prolixity, as well as tautology; but my apology is, that I am very desirous of convincing the younger members of our profession that affections of the pancreas are *by no means* uncommon, and their diagnosis and cure are by no means impossible in the majority of cases. If I succeed in this I am more than satisfied, even if I should be forced to plead guilty to the charge of inelegance of diction.

INDIANAPOLIS.

OCCLUSION OF THE ANTERIOR, MIDDLE AND POSTERIOR COMMUNICATING ARTERIES OF THE LEFT SIDE OF THE BRAIN.

BY C. G. COMEGYS, M. D.

Lecturer on Clinical Medicine in the Cincinnati Hospital.

F. K., aged thirty-three years, American, married, railroad clerk, bilio-sanguine temperament, was placed under my charge on the 28th of April. He was semi-conscious only, and could give but little account of himself. I learned that he had not been well for some time, and had manifested unusual irritability for some days. He had not been sleeping well, and had had dreams of a startling character. On the previous night the illness of the baby had kept him awake. On this day he had gone to his office as usual, but soon felt so overcome that he laid down and slept heavily for two hours. His associates thought it best to conduct him home. He could walk with assistance to a carriage, and to his bed on arrival at the hotel, but he was dull and quite unlike himself. He was supposed to be suffering from biliousness only, but his wife soon became alarmed at his stupor.

On my arrival at 3 P. M., he was only semi-conscious, did not answer well, and complained of his head generally. Temperature was not abnormal; respiration twenty-four, regular; pulse ninety, rather feeble; and there was no motor or sensory paralysis. I regarded him as suffering with meningeal congestion of the upper and lateral surfaces of the brain, of a passive character, and due, in the long run, most likely to overwork in an office imperfectly lighted and ventilated. The base of the brain did not seem to be affected.

I directed six ounces of blood to be taken by cups from the nape of the neck, and a hot mustard foot-bath, and ordered a purge of calomel and jalap.

I saw him again at 7½ P. M. His condition was much

worse; besides greater mental hebetude, he was having constant spasms in the fingers of the right hand, and more or less movement of the right humerus, shoulder and leg, but not clearly spasmodic. The eyes, which had presented no abnormal movements on my first visit, were now rolling from side to side. The respiration was twenty-four, temperature one hundred and one, pulse eighty, but not strong; no action of bowels or bladder.

It was now plain, however wide the lesion was spread, that the injury of greatest moment, as shown by the spasms in fingers and movements of right extremities, and deeper mental complications, was in the territory of the left side of the brain supplied by the middle cerebral artery.

I now ordered twelve leeches to the temples, and a stimulating enema; I also injected subcutaneously, in the course of an hour, five grains of ergotin. Ice-bags were to be kept on the forehead and back of the neck during the night. Professor William H. Mussey now came in to see him with me, and concurred in my diagnosis and treatment.

On the next morning he was better, that is the convulsive movements had ceased, the pupils, which had been small, were larger and movable, and much more consciousness existed. His bowels had acted freely, but the urine was detained, and upon using the catheter a stricture was found. He was kept under the fluid extract of ergot during the day, with ice applications as before.

On the following morning we observed a slight hemiplegia of right side and face, but no deviation of the tongue or eyes, and that he was in a slight condition of aphasia. He could speak only a few words, connectedly and with difficulty; it was a great effort to call his wife's name and that of near friends, and his inability to write the name of a person or place was marked, due allowance being made for the paresis of muscles of right hand; the defect was plainly one of the memory to embody his ideas in objective forms. The super-vention of the hemiplegia and aphasia left no doubt in our minds of the involvement of the left corpus striatum, the

island of Reil, the posterior aspect of the left third frontal convolution, and the superior surface of the anterior portions of the brain.

The question of the nature of the disease was now to be considered, in order to pursue a steady treatment. We had no exact data of his anterior life; his wife had known him less than two years. He had been a confederate officer during the civil war, but no one knew of his having been seriously sick. There was a hint from a friend of some *specific* ailment during his campaigns, but no external signs existed to assure us of the fact. There was no *bruit* connected with the circulation through the heart, nor along the arteries, nor any old articular affection to indicate a point of departure for a clot which could produce the brain lesion; nor could we think, from his age, that atheromatous changes existed in the arteries. There was entire absence of acute inflammatory and of apoplectic symptoms. We determined, therefore, to base our treatment on the theory of syphilitic changes in the brain tissue and vessels of supply of the affected part. He was put upon the use, therefore, of twenty grains iodide of potassium and one-twentieth of a grain of perchloride of mercury, three times a day. Four drops of Fowler's solution were given three times a day also. He was to drink milk mainly for food; beef-tea was also freely given.

Except on the evening of the first day, when his temperature was 101° , it at no time was higher than 99.5° . The pulse also descended to eighty, and the respirations, which were always regular, stood throughout at twenty. It was always necessary to withdraw the urine, and injections or mild cathartics were often given to move his bowels.

The patient seemed to improve under this course; he could get out of bed, stand, and assisted walk to a chair. Moreover his mind was clearer; he could speak more words, and in a coarse way write his name. At the end of two weeks he was taken to Louisville, his wife's home, and was placed under the charge of Dr. J. M. Clemens. I forwarded to that intelligent physician the above narrative of his case, expressing a hope

that he might yet recover. Three weeks after his departure, I received a letter from Dr. Clemens, which contains the following remarks:

“LOUISVILLE, May 29, 1876.

“I felt greatly obliged by your history, and I may also say diagnosis, of Mr. K.'s case; for, upon investigating the case, I was fully persuaded of the entire correctness of your diagnosis, and of consequence your treatment. I am of the opinion that your hinted theory of the causation (specific) well grounded, and from a careful study of his case most probably correct. In this opinion, as in fact the opinion entire which you gave, Dr. D. Cummins, of this city, who has visited the case several times with me, fully concurs. I am of opinion that the gummous formation had been going on for some time; that in this way the left middle cerebral artery was gradually encroached upon until nature, in her wisdom, saw fit to make an attempt at establishing collateral circulation, which resulted in the passive congestion under which you found him suffering, and that red softening has followed as a result. I think there can be no question that softening has been going on for more than a fortnight, and for a week or more has been progressing rapidly, as shown by gradual encroachment upon all the voluntary muscles, loss of speech, inability to swallow, immobility of pupils, etc. For three or four days he has been utterly unable to swallow a particle of anything, and has received water and nourishment by the stomach-tube alone. The sphincter ani being paralyzed, administration of nourishment by the bowel has of course been out of the question. He has twice had considerable irritative fever, which I interpreted as an expression of some inflammatory action going on around the periphery of the softening region.

“We have kept him upon your treatment as the only hope of relief to his symptoms. Of course we have occasionally used some additional medication to meet temporary variations in his condition, but our reliance has been upon the iodide of potassium and the mercury.

“I am sorry to say that there is now absolutely nothing on

which to hang the slightest hope, and there is every reason to believe that it is only a question of comparatively brief time with him."

Dr. Clemens subsequently wrote that after the date of his last letter, Mr. K. began to improve; his paralysis, which had been general and almost total for all parts of the body, grew so much better that he had recovered deglutition sufficiently to receive medicine and food by the mouth, could manage both extremities of left side, and regained more or less movement of right arm and leg. This amendment continued for three weeks. Then a hypostatic pneumonia developed, with high fever, rapid pulse and respiration. All of these untoward symptoms yielded, however, to treatment; in a few days, the pulse, respiration and temperature descending to about the normal level. Soon after this a diarrhoea set in, to which he speedily succumbed on the 13th of June.

A post mortem was made by Dr. Clemens, in which he was assisted by Drs. Cummins and Morton, with the following results:

"Unusually firm attachment of the dura mater to the calvaria, in the region of the Pacchionian glands, along the course of the longitudinal sinus. Effusion at base of the brain. Numerous adhesions over both hemispheres of arachnoid to the dura mater, due to arachnitis. The arachnoid, throughout its entire extent, was found intensely congested and thickened. Effusion in the left sylvian fissure, also in the third ventricle. Upon slicing the brain, extensive red softening was found in both hemispheres. The middle lobe of the left hemisphere, evidently the beginning point, almost creamy in consistence. Softening of the anterior portion of the optic thalami. Upon inspection of the vessels of the base of the brain, a plug of fibrine, almost white, was found at the terminus of the left internal carotid, occupying not only the mouth of the left middle cerebral—which we have felt sure was obstructed—but also that of the anterior cerebral and posterior communicating arteries, thus obstructing the entire left side of the circle of Willis. Firm, almost pulverulent coagulæ

occupied these arteries. There was no exudation upon the arteries of the base of the brain; but upon the coats of the vessels of the choroid plexus there was found considerable exudation, as also upon the coats of the cerebral arteries forming plexus in fissure of Sylvius, both sides. Cerebellum in normal condition. Heart not examined."

Dr. Clemens goes on to say:

"I am at a loss, considering the entire absence of history of any heart trouble, to account for the presence of the embolon. The most plausible solution, however, seems to me to be that he had, during the war, from exposure contracted a slight rheumatism, resulting in a circumscribed endocarditis, not sufficient to give rise to pronounced symptoms, yet sufficient to produce the fibrinous plug which found its lodgment in the situation above mentioned. I presume the temporary improvement in the paralysis must have been due to the partial absorption of the effused material at the base of the brain and in the ventricle, the presence of which, I have no doubt, did much to paralyze the functions of the already badly crippled brain."

Remarks.—Notwithstanding the inability of all parties to detect a point of departure in the heart or vessels for the embolon, yet it is evident that such a place existed; and the occlusion of the arteries began in an imperfect way thereby at the end of the left internal carotid, and grew larger until the anterior, middle and posterior communicating arteries became gradually tightly plugged; for the symptoms seem to indicate the gradual approach of complete embolization, and the maintenance of functions on a low plane afterwards, by supplies through the anastomosis with the posterior cerebral, and branches of the basilar arteries. The field was too large from which the blood supply was cut off—the frontal and most of the middle lobes of the left hemisphere, the corpus striatum, and part of the thalamus opticus of same side being nearly totally deprived of a direct supply of arterial blood—for recovery by the establishment of a collateral circulation. A vast area involving most important physical and psychical centers was doomed to destruction.

Destructive changes involved the right hemisphere also, furnishing well pronounced symptoms in the progress of the case; but no affection of the arteries on that side existed to account for them, and we are left to infer that they were developed *indirectly* by the severity of conditions on the left side.

Another thing seen in the case is the general paralysis that supervened after he reached home, and a subsequent marked improvement of it, which can be accounted for by the functional involvement merely of sound tissues in the environment of the foci of softening, which recovered when the irritation subsided; for no revival of function can ever take place when complete destruction of tissue has occurred. In this way we can account for the improvement so often seen in cases of brain diseases.

It is evident now, that the pathology was not due to syphilitic products in the brain tissue itself, nor in the arterial coats. Thrombi are, it is well known, developed in this way, producing destructive changes of a character with those in this case. In our diagnosis we were mistaken, not in the localization of the malady, but in its nature.

CINCINNATI.

TREATMENT OF PLACENTA PRÆVIA—A VINDICATION.

BY THEOPHILUS PARVIN, M. D.

In the June number of the American Practitioner was published a paper on the treatment of placenta prævia, which I had read before the State Medical Society of Indiana. In the Transactions of the Society just issued this paper also appears, though greatly to my regret I was not given an opportunity of seeing the *proof*, else typographical errors would have been corrected, some slight alterations and additions would have

been made, such as were made in the copy published in the Practitioner. However, the articles are essentially the same. But appended to the article, as it appears in the Transactions, are criticisms made by members of the Society in the discussion of it, a discussion which professional engagements prevented my hearing, and answering the adverse criticisms, so far as answer was demanded, at the time of their utterance. I therefore embrace the earliest opportunity to vindicate the position taken in that paper, and to correct some, as I believe, very erroneous statements that were made.

One of the critics (page 50 of the Transactions) implies my willingness to sacrifice the life of the mother rather than that of the child. And this is gravely said, and with righteous rhetoric condemned, right in the face of my statement (page 38 of Transactions, page 338 of American Practitioner,) "if either life is to be especially imperilled or lost, let it be that of the child rather than of the mother"!

Another thought that after introducing "a Molesworth dilator," an instrument with which he frankly acknowledged himself "not sufficiently familiar," "the dilator allows a dilatation to take place when you are absent, which may be the cause of a fatal hemorrhage." It is presumed that the physician will not leave his patient in labor, especially while he is accomplishing the first stage by a series of dilators.

But passing by minor criticisms and minor critics, I shall restrict myself to the remarks made by Dr. George W. Mears, remarks in condemnation of the practice advocated by me, and those in favor of the tampon. While respecting this gentleman for his many years of active professional life, I can not refrain from a plain but courteous criticism of many of his statements, especially as they are his matured, deliberate utterances since he had the opportunity of revising his remarks prior to their publication. I shall show to every unprejudiced mind that some of his facts are mere opinions, and some others are positively erroneous.

But first let me state the principle I sought to maintain in the paper referred to, and then the practice advised. This

principle was that in cases of placenta prævia, when serious hemorrhage occurred after the child was viable, the induction of labor was advisable. Two eminent obstetricians, one British, the other American—Drs. Greenhalgh and Thomas—were quoted as advising this.

In addition to that evidence, let me now present extracts from two recent works on obstetrics, the one the third edition of "Meadows," the other the first of "Playfair."

Dr. Meadows says, "It may be laid down as a rule of general application, and one, too, which ought to be rigidly observed, that, no matter what the period of gestation, any large loss of blood demands the termination of pregnancy; for to leave a patient to be subjected to another attack, coming on as it would do without any warning, is in truth to place her life in imminent danger. The only justifiable grounds for such temporizing policy is the concurrence of the following conditions: that the discharge is slight, the period of pregnancy short of six months, the absence of pain, and an undilated os."

Dr. Playfair's evidence is quite as strong. He says, "Not long ago an interesting discussion took place at the London Obstetrical Society, on a paper in which Dr. Greenhalgh advised the immediate induction of labor in all cases of placenta prævia. No less than six metropolitan teachers of midwifery took part in it; and, although they differed in details, they all agreed as to the unadvisability of allowing pregnancy to progress when the existence of placenta prævia had been distinctly ascertained."

A principle sustained by such evidence can not be thrust aside very readily.

Now as to the practice. Granted that the induction of labor is advisable in a given case, dilatation of the os by hydrostatic pressure was advocated. It was claimed that suitable rubber dilators would not only restrain the hemorrhage, but expand the os so that the first stage of labor could be readily, promptly and safely accomplished.

We will now consider some of the criticisms made by Dr.

Mears. He asserts that in placenta prævia hemorrhage prior to full term is a rare* occurrence; that the induction of premature labor is painful, tedious, dangerous; that "an inflated gum elastic air-bag, even within the internal os," is no "guarantee against fatal hemorrhage."

The first assertion is disproved by statistics. Take those of Johnston and Sinclair, for example, and we find that out of twenty-four cases, nine were in the seventh month, eight in the eighth month, and only seven at the ninth. Trask's† statistics give only forty-six at full term, to one hundred and sixty-nine occurring before.

But this artificial dilatation is painful, tedious, dangerous. The pain probably is frequently not so great in these cases as in natural labor, since the hemorrhage very often promotes relaxation of the tissues concerned, and facilitates the expansion of the os. But even if great, an anæsthetic may blunt it, and at any rate the danger to be avoided far overbalances it.

But it is dangerous. Here is an assertion without proof, an opinion put for a fact. It is contradicted by the experience of Barnes, Thomas, Angus McDonald, and others, who have actually tried, and not merely thought about this practice.

So, too, the "tedious," which, elsewhere in his criticism, Dr. Mears makes mean ten or twelve hours, is contradicted by those who have tried; any one can find conclusive contradictions in Barnes's *Obstetric Operations*, in an article by Dr. Thomas, in the first volume of the *American Journal of Obstetrics*, and in the *Edinburgh Obstetrical Society's Transactions*, Vol. III.

But the "inflated" rubber-bag even within the internal os is no guarantee against fatal hemorrhage. As no reference was made in the article to an inflated rubber-bag, this objection might be passed by as not at all pertinent. But let us

* This assertion is such an extraordinary one, so unreasonable and so easily disproved, that I shall give the gentleman's exact words: "The truth is that as such cases," *i. e.*, those of hemorrhage in the last months of gestation, "in comparison with those of the other class, at full term, are exceedingly rare occurrences," etc.

† *Transactions of the American Medical Association*, 1855.

suppose the writer referred to some of the hydrostatic dilators, there is the testimony of those who have used them, that they do secure against hemorrhage. Dr. J. Matthews Duncan observes that* when "hemorrhage to an alarming extent occurs in placenta prævia, the use of the rubber-bags appears to be the most successful means we can employ."

I think these assertions have been fairly put and completely disproved. It is astonishing that any one familiar with the literature of the subject should have made them.

It might have been well enough to have made such assertions years ago, but they are anachronisms in 1876, and are valueless. After certain things have been accomplished, it is useless to say they can not be. Facts never show their stubbornness better, not in disproving old theories, but in standing their ground in spite of younger theories formed for their overthrow. It is just as useless now to declare that hydrostatic dilators will not, in cases of placenta prævia with hemorrhage demanding interference, accomplish the first stage of labor promptly and safely, as it would be to revive the mathematics of Lardner, proving the impossibility of crossing the Atlantic by steam power, or to awaken the quarrel against Galileo.

It is now proposed briefly to refer to some observations of Dr. Mears in reference to the tampon treatment.

In 1868 he read an exceedingly interesting paper upon placenta prævia before the State Medical Society of Indiana. In it he speaks of resorting to the tampon, "recommended some forty years ago by Professor Wigand, of Hamburg," and states that his own "mode of application differs but little from that advised by the author of the theory." He now states that he claimed then, and claims to-day, "originality in the *modus operandi* of applying it, and some other circumstances connected with its use." His "*modus operandi* of applying it" is through a speculum, first introducing "a small piece of sponge thoroughly saturated with the solution of persulphate or pernitrate of iron of one-third or one-fourth its

*Edinburgh Obstetrical Society's Transactions, Vol. III.

ordinary strength," and pressing it upon the bleeding surface, and then thoroughly packing the vagina with charpie or squares of linen or muslin.

His description is excellent, and the method he follows is undoubtedly one of the best ways in which a tampon can be used in such cases. It is cheerfully conceded, too, that Dr. Mears's claims to originality in the "modus operandi of applying" the tampon, are just. At the same time he has been anticipated in almost every essential of his so-called "modus operandi of applying." Frequent instances of plugging the os uteri in placenta prævia prior to this are on record; the use of the speculum* in introducing the tampon will be found mentioned in the London Lancet as early as July 4, 1846; and Depaul, in his Clinical Lectures on Obstetrics, referring to the use of astringents, which others have used or advised, rejects them as generally unnecessary, using himself only when the blood is remarkably fluid a solution of perchloride of iron.

It certainly seems doubtful whether the "small piece of sponge," though saturated with the iron solution, can contribute much, if any, of the fluid to the bleeding uterine surface, for it meets the blood which is being discharged, and it presses more directly upon that portion of the placenta which has been detached, than spreads around the inner surface of the os. But it does make a temporarily efficient uterine tampon, stiffened, too, by the action of the iron, and by the coagulated blood, it probably acts as an excellent irritant, and excites uterine contraction.

Dr. Mears states that when he first considered the suitability of the tampon, "he could not account for the fact that so plausible and readily applied remedy as that suggested by Leroux, and again urged in a somewhat modified form by Dewees, should have given place to the more hazardous sug-

* Dr. E. P. Bennett, *American Medical Times*, 1863, remarks that in abortion and in placenta prævia the life of many a female is saved only by the judicious use of the tampon; and he points out the facility and the thoroughness with which tamponing can be done by using a glass speculum.

gestions of after times." As the topic of podalic version had just been referred to and the practice condemned, the writer seems to have regarded it as one of the hazardous suggestions of after times. But podalic version in placenta prævia, which probably dates back as far as the time of Ambrose Paré, was never supplanted by the tampon. The latter, from the day of its suggestion by Leroux, has been the subject of much controversy, and so far as its adoption in practice is concerned, Rigby, Dugés, and Dubois did more to promote it than ever Dr. Dewees did. Rigby regarded it as a means to an end, saying, "By means of the plug we enable the patient to go on with perfect security until the pains have produced sufficient dilatation to admit the hand." Davis, in his obstetrical lectures, was accustomed to urge it as "the one thing needful."

Dr. Mears can say nothing more strongly in favor of his method than was said years ago in behalf of the tampon.

If all statistics of results with the tampon were as favorable as those of Dr. Mears,* not a mother or child lost in twenty years' practice, of course nothing could be better; there would not be the least reason for seeking any other treatment.

But as a case of placenta prævia occurs in the proportion of only one in five hundred and seventy-three cases† of pregnancy, the experience of one individual engaged in general practice is but a small contribution to the settlement of the proper method of treating these cases. Valentine Mott stated that he had seen and been engaged in a number of cases of placenta prævia in the course of his long practice. "In every case in which there was interference at a sufficiently early period, the mother has been always saved, and with few exceptions the child also." And yet the method of delivery

*Unfortunately for the value of this statement, the number and particulars of cases are not given.

†This is the proportion given by Playfair. Ramsbotham says one in six hundred and thirty five. Dr. Barnes, *The Physiology and Treatment of Placenta Prævia*, 1857, combining the statistics of Clarke, Collins, and McClintock and Hardy, finds that it occurs only once in fifteen hundred cases.

Dr. Mott resorted to was by the feet. Thus we see how individual experiences come in conflict, and are more than ever impressed with the conviction that the great problems of practice are to be solved by large averages rather than by individual results.

In regard to the security from hemorrhage obtained by the tampon, a security which Dr. Mears regards as so complete, it would be well to read what the first of living British obstetricians, Dr. Robert Barnes, says in his "Obstetric Operations," before adopting such unbounded confidence.

But this subject is a very large one, and much more might be said, especially in reference to the influence of the tampon in inducing* labor, which it is pretty sure to do, an end which can be accomplished more certainly and quickly, and therefore more safely for the child and for the mother, by the dilators referred to.

The question of treatment of placenta prævia will not be settled to-day or this year, not by the voice of one, but by the combined experience and knowledge of many.

For the present I leave the matter, regretting that space will not permit its further consideration; the regret diminished, however, by knowing that our subscribers will soon have the pleasure of reading an article by Prof. T. G. Thomas, on the induction of premature labor in placenta prævia, such article having been promised some months since.

* Dugès understood the value of the tampon, not only for the arrest of hemorrhage but also for the induction of labor. In his *Manuel D'Obstetrique*, Paris, 1526, he observes, "If labor has not commenced, the tampon is absolutely necessary. It is the sole means of preventing the death of the woman. * * * Moreover, the tampon determines labor, which is the best means of cutting the root of the evil."—*Louise Bourgeois*.

And in Smellie's Collection of Preternatural Cases, we find, after the narration of a case of placenta prævia, the following remarks: "At this period of my practice, I did not know that applying styptics in the vagina, and filling it up with drossils of lint, would sometimes restrain the flooding, and assist to bring on labor."

INDIANAPOLIS.

CÆSARIAN SECTION—DELIVERY OF A LIVING
CHILD—DEATH OF THE MOTHER IN
THIRTY-TWO HOURS.

BY W. N. M'COY, M. D.

On September 10, 1875, I was called to Scottsburg to meet Dr. Voris in a difficult case of obstetrics, and arrived there at 9 P. M. In addition to Dr. Voris, Dr. H. H. Ferguson, of Henryville, was present upon my arrival, and subsequently Dr. Watson, of Vienna, joined in the consultation.

The patient was forty years of age, five feet and two inches in height, very fleshy, her weight being more than two hundred pounds, and had been two days in her second labor. Her first labor occurred fourteen years previously, and after continuing seventy-two hours was terminated by craniotomy. Severe suppurative inflammation of the vagina and cervix uteri followed, and she did not recover for some months so as to attend to her household affairs. Her husband stated that coition subsequently was imperfect, it being impossible to penetrate more than about one inch.

Upon first visiting the patient, Dr. Voris stated that he found, upon his first examination, the sphincter of the vagina converted into a hard, fibrous ring, and it was with difficulty he could introduce his finger; once introduced he could pass it an inch and a half up a narrow, tense and very sensitive canal, but could not find the os uteri though coming in contact, as he believed, with the cervix.

Labor pains did not become active until the tenth, and by digital examination now made he discovered a constricted opening to the left of the sacrum, semilunar in shape, dilated about three-eighths of an inch; its long diameter being nearly parallel with the transverse diameter of the pelvis; anterior lip was sharp and cord-like, and not to exceed the eighth of an inch in thickness; the posterior lip was continuous with sur-

rounding tissues. Fully satisfied of the desperate nature of the case, he asked that counsel be immediately sent for.

Upon examination, I found at the vaginal orifice a transverse opening, somewhat elliptic in shape, and about an inch in its long diameter. Surrounding this opening was a band of fibrous structure, firm and unyielding to the strongest pressure. Passing the finger through this orifice about an inch and a half, I came to a point of constriction similar in texture to that surrounding the vaginal outlet. The finger was passed with difficulty beyond the stricture, but owing to the extreme tension and firmness of the parts, it was impossible to reach the presenting part of the child.

After consultation, it was the unanimous opinion that the uterus having prolapsed while in a state of suppurative inflammation, following her previous confinement, the vaginal cervix had become adherent within the vagina. The practicability of craniotomy being out of the question, it was decided that hysterotomy was the only measure left us which offered any hope of relief, and this hope seemed small considering the condition of the patient. At this juncture, adding to the difficulties in the case, severe convulsions occurred. She was bled freely from the arm with marked mitigation of the severity of the convulsions. There being no chloroform at hand, a messenger was promptly despatched for it to the town, one mile distant. The nature of the proposed operation, and the arguments for and against it, being particularly stated to the husband and friends, they readily gave their consent.

The patient was removed from her bed and placed upon a straw tick, the tick being well padded with comforts. Taking my position at her right side, assisted by Drs. Voris, Ferguson and Watson, as soon as the patient was sufficiently under the influence of the chloroform, I commenced the operation by making an incision six inches in length through the linea alba from near the umbilicus to the margin of the pubes, the knife passing through about two inches in thickness of adipose tissue. The peritoneum was opened at the upper extremity of the incision sufficiently to pass a grooved director as a

guide to the knife. The opening was made large enough to admit the finger, which served as a further guide until the incision was completed. The abdominal viscera being carefully held back, the uterus was brought plainly into view. By rapid strokes, the anterior wall was then divided, beginning at the fundus, and in a line with the external incision, care being taken not to go too deep. A small opening having been made into its cavity, at the upper part of the incision, large enough to admit the finger, this was again used as a guide until the incision was carried four or five inches.

The limbs of the fetus lay open to view; seizing them, I delivered with difficulty, the head being somewhat firmly held in the superior opening of the pelvis. The child being in a state of asphyxia, respiration was established by prompt use of the ordinary measures. The placenta, already detached, immediately followed the delivery of the fetus.

Some blood was lost while incising the uterus, but hardly so much as in ordinary cases of labor. The uterus being cleared of the membranes and its cavity cleansed, the organ contracting held the lips of the incision firmly together; but as a precautionary measure pressure was made on the sides of the uterus, while the peritoneal cavity was sponged, before closing the abdominal incision.

There was no hemorrhage into the peritoneal cavity from the uterine incision after its closure, up to the time of closing the external incision. The latter was closed by five figure of eight sutures, and between each of these was placed a superficial suture, bringing the edges of the skin accurately together, leaving sufficient space below for draining. The dressing was completed by adhesive strips, compress and bandage.

The patient was carefully placed in bed, brandy was freely given, dry friction to the extremities was persevered in, and heat kept constantly applied. Reaction was gradually but completely established, and consciousness soon was fully restored; there was no return of the convulsions after delivery. The operation was performed between the hours of one and two o'clock A. M. *Morphiæ sulph.*, one-eighth of a grain

every four hours, was prescribed, the patient to take no nourishment except rice or barley-water. She was left in the care of Dr. Voris, who has given me the following history of the case subsequent to the operation:

"Sept. 11. Called at 12 M.; patient has been comfortable all morning; complains of headache, also slight after-pains; pulse 88, skin cool and moist. 5 P. M., pulse 90, skin moist, after-pains severe, passed urine voluntarily; dose of morphia increased to one-fourth of a grain. 11 P. M., pulse 94, tympanitis great; on pressure complains mostly of soreness in left hypogastrium; again passed urine voluntarily; introduced catheter into rectum, which caused the discharge of a quantity of gas, and rendered her much easier.

"Sept. 12. 4 P. M., patient has rested well since midnight; vomited this morning; pulse 92, skin very moist; tympanitis considerable; the catheter was again introduced into rectum, and gave her great relief.

"Sept. 13. Patient being very comfortable at 7 A. M., I left promising to return at 11 A. M.; on my arrival at that hour, I learned that she had commenced vomiting at half past nine, and died in half an hour. Two women, who were in attendance at the time, stated that the patient, unable to turn herself, was suffocated by the ejected matter, they being incapable of rendering assistance through fright. No autopsy was obtained."

The house in which the patient resided was a small cabin with two rooms, standing in the middle of a corn-field. From the first a favorable result was hardly looked for. Under most propitious circumstances hysterotomy is one of the gravest of operations, and the gravity of the prognosis is much increased when the subject is in such circumstances of comparative destitution and without experienced nurses, as was the patient whose case I have narrated.

JEFFERSONVILLE, IND.

TRAUMATIC STRICTURE OF THE URETHRA—
TREATMENT BY DILATATION—RECOVERY.

BY GEORGE N. MONETTE, M. D.

Isaac P—— called to consult me on account of inability to pass his urine, although an irresistible spasmodic inclination was present. He had been badly affected with venereal contamination, and at this time, before coming to me, had been deluged for thirty-six hours with all kinds of diuretics and old women's nostrums.

In consideration of his youth I suspected violence of some kind, and upon catechising him ascertained that it was caused while leaping over our street water-plugs, which are about four feet high and boxed about with wood. One day, in attempting to spring over the plug, he failed and fell astride it, severely contusing the urethral canal, resulting in active hyperæmia of the parts. I made a gentle attempt to introduce a No. 4 gum catheter, but failed to relieve the bladder, which was greatly distended with urine. I then directed the patient to go home and take a hot sitz-bath for half an hour. He did so, and on his return the parts were so relaxed that I passed a No. 4 silver catheter without injury, and relieved him of a copious quantity of urine. I located the obstruction at the prostate gland, and although he suffered greatly from distention of the bladder and strangury, I proceeded leisurely (for fear of making a false passage) to dilate the canal, which gradually yielded. There was a slight discharge of blood, which I ascribed to transudation. There was also a tendency to clonic spasms of the canal, which seemed to come on at intervals of fourteen days. This led me to suspect malaria; so he was treated accordingly, and relieved by antiperiodics.

This case might have recovered ultimately without treatment, if he could have endured the pain of inability to urinate; *au contraire*, it proves the efficiency of gradual dilatation in lesions of the urethral canal.

NEW ORLEANS.

Reviews.

A Treatise on the Science and Practice of Midwifery. By WILLIAM S. PLAYFAIR, M. D., etc. With two plates, and one hundred and sixty-six illustrations on wood. Philadelphia: Henry C. Lea, 1876.

Dr. Playfair, who is the Professor of Obstetrics in King's College, London, in his preface justly observes that, "Those who have studied the progress of midwifery know that there is no department of medicine in which more has been done of late years, and none in which modern views of practice differ more widely from, than those prevalent only a short time ago." Actuated by this view, Dr. Playfair has produced an admirable book.

We are gratified to find a book on obstetrics not merely with something new in therapeutics, but with many new plates, or, at least, if not all new, never associated together before. The chapters on the female generative organs, and on ovulation and menstruation, are remarkably good.

In discussing the diseases of pregnancy, the topic of artificial abortion is introduced, and Dr. Playfair advises puncturing the membranes with a uterine sound. This method we believe is bad, and would much prefer as safer and quicker the use of tents, and, if necessary, hydrostatic dilators.

Having recently had sent us a case where pregnancy of five or six months was complicated with cancer of the neck of the uterus—a case in which able and eminent medical gentlemen differed as to the expediency of bringing on labor—we turned with especial interest to the remarks of Dr. Playfair relating to this subject. He gives the following, as we believe, judicious advice (page 197):

"If we have the opportunity of seeing the patient early in pregnancy, by inducing abortion we may save the mother the dangers of labor at term, possibly of Cæsarian section, if the obstruction is great. Under such circumstances the operation would, no doubt, be justifiable. If the pregnancy has advanced beyond the sixth or seventh month, unless the amount of malignant deposit be very small indeed, it is probable that the risks of labor would be as great to the mother as at term; and it would then be advisable to give her the advantage of the few months delay."

On the subject of anæsthesia in labor, Dr. Playfair speaks of it as "a practice which has become so universal that no argument is required to establish its being a perfectly legitimate means of assuaging the sufferings of child-birth."

As an anæsthetic Dr. Playfair refers favorably to chloral, and gives excellent rules for its administration. In speaking of the inhalation of chloroform he remarks, "If the pains are very materially lessened in force and frequency, it may be necessary to stop the inhalation for a short time, commencing again when the pains get stronger, which effect may be often completely and easily prevented by mixing the chloroform with about one-third of absolute alcohol, which, originally recommended I believe by Dr. Sansom, increases the stimulating effects of the chloroform, and thus diminishes its tendency to produce undue relaxation."

The chapter on puerperal eclampsia is excellent. In speaking of the treatment the author, while not rejecting absolutely venesection, observes that the mortality has been materially diminished since its indiscriminate use has been abandoned. He further remarks: "It does not follow because a remedy, when carried to excess is apt to be hurtful, that it should be discarded altogether; and I have no doubt that, in properly selected cases and judiciously employed, venesection is a valuable aid in the treatment of eclampsia, and that it is specially likely to be useful in mitigating the first violence of the attack, and in giving time for other remedies to come into action. Care should, however, be taken to select the cases

properly; and it will be specially indicated when there is marked evidence of great cerebral congestion and vascular tension, such as a livid face, a full bounding pulse, and strong pulsation in the carotids. The general constitution of the patient may also serve as a guide in determining its use, and we shall be more disposed to resort to it if the patient be a strong and healthy woman; while, on the other hand, if she be feeble and weak, we may wisely discard it, and trust entirely to other means. In any case, it must be looked upon as a temporary expedient only, useful in warding off immediate danger to the cerebral tissues, but never as the main agent in treatment. Nor can it be permissible to bleed in the heroic manner frequently recommended; a single bleeding, the amount regulated by the effect produced, is all that is ever likely to be of service."

Few works on obstetrics we have enjoyed the reading of so much as this. We predict for "Playfair" no ordinary success.

A Manual of Midwifery. By ALFRED MEADOWS, M. D. Second American from the third London edition, revised and enlarged, with one hundred and forty-five illustrations. Philadelphia: Lindsay & Blakiston, 1876.

Let us first heartily commend the form and general appearance of this book.

It is hardly necessary to criticise a book that has been so well received by the profession. The case has been closed, and the verdict rendered, and that verdict is decided approval of the volume. Both for students and practitioners it will prove decidedly useful.

Nevertheless, while finding much to commend, we sometimes find in the work rules of practice that we can not approve; for example, on page 52, the injection of water into the uterus to wash out the ovum in case of abortion. This is a needless risk. We are not surprised to find the

author, a sentence or two further on, remarking, "I have seen severe, and in one case fatal, metro-peritonitis result entirely from this simple proceeding." Such an experience ought to more than counterbalance the advice to resort to this treatment.

Nor do we think Dr. Meadows's style incapable of being improved. Such an expression as "we know very little for certain" (page 165) is inelegant, if not incorrect.

Some of the illustrations are bad.

On page 186 we have plate 64, intended to represent the fourth cranial position, but any one who can think it other than the third has sharper optics than ours. Plates 99 and 100 represent the accoucheur attaining the os uteri with the finger passed up over the external surface of the symphysis pubis.

On page 317 we have a description and representation of Dr. Protheroe Smith's apparatus, a sort of harness to be used under certain circumstances by laboring women; and on page 318, we have three female figures nude except as to this Smith device. Some examination has led us to the conclusion, *nothing* could be better.

However the book is a good one, and we hope will continue to have professional favor.

On Tracheotomy, especially in relation to Diseases of the Larynx and Trachea. By W. PUGIN THORNTON, Surgeon to the Hospital for Diseases of the Throat, etc. Philadelphia: Lindsay & Blakiston.

Tracheotomy is no longer so dangerous or formidable an operation as it was once regarded, and as indicated by our author is not performed so blindly, as a *dernier ressort*, as formerly; for he says, "since the laryngoscope has come into practical use, any condition of the larynx interfering with respiration can be recognized with certainty and precision, and the desirability of an operation determined."

Dr. Thornton never uses chloroform, but freezes the skin with ether spray; for it is a matter of vital importance that any blood which may run down the trachea be coughed up. He manages children by having them wrapped in a sheet and forcibly held down. He always takes a Faradic battery along to be used in case of suspended respiration. The tube which he prefers to insert after the operation is the Durham or right-angled tube, there being less liability of pressure on the mucous membrane and subsequent ulceration from this, than from the curved tube.

The operation of tracheotomy is treated of very minutely, the author preferring the scalpel to the tracheotome. The dangers during and after tracheotomy are, first, slowness in operating; second, fixing the head too far back; third, passage of blood down into the air passages; fourth, inability to introduce the canula into the trachea; fifth, entrance of air into the veins. The latter part of the book is devoted to diseases and injuries requiring tracheotomy, in which are named eighteen maladies, besides some miscellaneous diseases. The book contains eighteen wood-cuts and three excellent photographs, and is to be recommended as superior to our surgical works for acquiring a knowledge of tracheotomy. A. M.

Micro-Photographs in Histology, Normal and Pathological. By CARL SEILER, M. D. Philadelphia: J. H. Coates & Co. Vol. 1, No. 4. Sixty cents per number.

In the recent International Medical Congress, the discussion of the paper on Microscopy of the Blood raised the old question of the ability of microscopists to distinguish the blood corpuscles of man from those of animals. In this number of the above periodical there is seen, in plate No. XV, a marked difference in size between the blood discs of man and those of the ox. There are also three other plates in this number, namely, hepatic cells from the liver of a fly, leukaemia of the liver, and fat cells from the mesentery of a cat.

The Student's Guide to Dental Anatomy and Surgery. By HENRY SEWILL, Member of the Royal College of Surgeons, and Licentiate in Dental Surgery, etc. Philadelphia: Lindsay & Blakiston.

This is a manual, and treats concisely of the anatomy and surgery of the teeth and manipulative dentistry. The cardinal principles of dentistry stand out prominently throughout the work, the author emphasizing the importance of manipulative ability, compared with which theory is easily acquired. In his preface the writer cautiously speaks of the etiology of decay of the teeth, and leaves us to regret that he has not devoted a full chapter to this question. Although a handbook, it treats of dental pathology and therapeutics; and while the student makes it a stepping-stone to more complete works, the practitioner will find in its pages information relative to almost every subject of dental surgery. J. W. H.

Transactions of the College of Physicians of Philadelphia. Third Series, Vol. II. Philadelphia, 1876. For sale by Lindsay & Blakiston.

This handsome volume of nearly two hundred pages contains appreciative memoirs of the late Doctors George W. Norris and John S. Parry; a case of empyema, in which cure was effected by Chassaignac's drainage-tube; hepatic abscess, with artificial evacuation and recovery; report on meteorology and epidemics; operative and conservative surgery of the larger joints; excision of the knee in adults; therapeutic uses of compressed and rarefied air; notes on anatomy of the perineum; cases illustrating local injuries of nerves and their trophic consequences; hysterical affections of the eye; gunshot wounds of the thoracic and abdominal cavities; calculous and cystic degeneration of both kidneys; cases of sarcomatous tumor, and case of diabetes insipidus treated by ergot and gallic acid; the authors of these papers, in order, being Doctors Hunt, Ingham, Hutchinson, Hodge, Cleemann, Ashhurst, Hodge, Cohen, Allen, Mitchell, Harlan, Forbes, Morris, Mears and Tyson. This is one of the best of the valuable volumes the Philadelphia College has issued.

Clinic of the Month.

SALICYLIC ACID AS AN ANTISEPTIC.*—These and other experiments, in which proportionally large amounts of ferment were added to fresh grape juice—each fifty cubic centimeters—show, in the most unmistakable way, that the salicylic acid reduced the action of fermentation or prevented it entirely, when a sufficient amount was used; and that when the fermentation had begun, the increase of the salicylic acid slowed it or stopped it entirely according to the proportion. Also that a certain amount of salicylic acid was required to prevent the working of a certain amount of ferment cells. This amount is very small, and is pretty certainly fixed at one hundred grammes of salicylic acid for one thousand liters of grape juice, in active fermentation, to destroy the fermentation entirely and permanently destroy the ferment cells. The salicylic acid works similarly against fungoid vegetation or moulds.

On the 27th of November, fifty cubic centimeters of sweet wine was sowed with the spores of *penicilium glaucum*; fifty cubic centimeters of the same received 0.0028 grammes of salicylic acid, and in addition the same quantity of the spores; fifty cubic centimeters of the same received the same amount of salicylic acid, but no spores. On the 30th of November, the mould in the first was in full growth, and was seeding on the first of December. In the second there was no growth whatever; the grape juice remained clear, and the mould spores lay poisoned on the surface. The third, which received only salicylic acid, was, on the 15th of December, per-

* Continued from the September No. of the American Practitioner, page 184.

From the *Vierteljahrsschrift für Zahnheilkunde*, page 20, 1876. By Prof. H. Humm. Translated from the German by Dr. G. V. Black, Jacksonville, Ill.

fectly clear and pure to the taste, without a trace of fungoid growth of any kind, although it was setting close to a fine growth of mould and uncovered.

The experiments of Newbauer show that as to whether the unfermented wine will ferment sooner or later, or not ferment at all, depends wholly upon the amount of salicylic acid added to it; and that one hundred grammes of the acid to one thousand liters of the wine is sufficient to prevent fermentation entirely, even when ferment is added to it. It is also known that the spores of the ferment are found on the skins of the grapes rather than in the juice, and they may be destroyed there before the grapes are pressed. If we can consider that these propositions are sufficient in the cases mentioned, a very small quantity must be sufficient to prevent any fermentation in the future. Heidenbusch found that new wine, which was in full process of fermentation, was brought to a stand-still by the addition of 8.00 grammes of the acid per one thousand liters. Also that some Trestern wine, which was perfectly clear and one year old, yet on the surface of which flakes of mould continued to form, required four hundred grammes of the acid per one thousand liters, to entirely prevent their formation; two hundred and fifty grammes proved insufficient. From this case Heidenbusch argues that no fixed proportion of the acid can be determined upon with certainty, but that a careful watch is necessary that new additions may be made in case of the reappearance of fermentation or mould. This is on account of the different circumstances, and the different kinds and quantities of ferment or mould spores present, but which can always be controlled by further very slight additions of the acid. The salicylic acid can be depended upon for good results in all the following cases:

First. New wine, in which the fermentation is not quite completed, may be brought to rest at once and be so kept.

Second. In old wine, which has become "sharp" from new fermentation, to again bring it to rest.

Third. In small amounts sent to tropical climates, to prevent renewal of fermentation.

Fourth. In mixtures of different ages and make, to prevent reactions upon each other and consequent refermentation.

Fifth. In small quantities that must stand open or on draught, to prevent mould or souring.

Sixth. In casks which are to be kept in a certain condition, to prevent change and protect them from mould.

Seventh. In old and moulded casks, to render them again fit for service.

In all the foregoing cases a strong alcoholic solution should be used; and as the acid is less soluble in wine, it should be slowly added while the wine is being rapidly stirred.

Newbauer's experiments with wine induced Kolbe to try a series of experiments with beer ferment. He took for this purpose four vessels, each containing five hundred cubic centimeters, of a ten per cent. solution of sugar; in each he placed four grammes of good yeast. To the first he added 0.25 grammes of salicylic acid; to the second, a like quantity of peroxybenzoic acid; to the third, a like quantity of oxybenzoic acid; to the fourth, nothing. These were kept at the temperature of 33° and 35° C. Within six hours fermentation began in all the vessels, except the one containing the salicylic acid, which remained clear, while the others became cloudy and threw off carbonic acid. Again, three vessels in each of which was placed a twelve per cent. solution of grape sugar of one thousand grammes; into each vessel five grammes of good yeast was well stirred. The first received 0.25 grammes of salicylic acid; the second, 0.5 grammes of peroxybenzoic acid; and the third, nothing; and all were covered with paper, and kept at 35° C. In six hours all the solutions were in active fermentation, but the first not so active as the others. The small amount of 0.25 grammes of salicylic acid is, therefore, not sufficient to prevent fermentation being caused by five grammes of yeast in that amount of twelve per cent. solution of sugar. A new quantity was therefore added after six hours, making thirty-five grammes in all. This amount lessened or slowed down the fermentation considerably, but did not stop it entirely; and in four hours more 0.15 grammes

were added, after which the fermentation ceased entirely. The next day the liquid was perfectly clear, and the yeast cells lay on the bottom of the vessel; the solution still contained a considerable quantity of sugar, and tasted decidedly sweet.

A. Vögel's experiments with salicylic acid on the germination of seeds are also very interesting. Equal numbers of good cress seeds were placed upon several thicknesses of filter paper. No. 1 was kept wet with distilled water; No. 2, after soaking for half an hour in salicyl water, was placed on the paper and kept wet with distilled water; No. 3 was placed on the paper, and kept wet with salicyl water. In twenty-four hours afterwards No. 1 began to sprout, and the young plants began their development; Nos. 2 and 3 showed no signs whatever of germination, even after a number of days. From this it seems that the salicylic acid hinders the process of germination.

In the use of salicylic acid in medicine, either inwardly or outwardly, there seems no danger of evil results following its use. Kolbe took 1.5 grammes for a number of days together without any evil effect whatever. Fürbinoger, in his experiments in regard to the antiseptic effects of salicylic acid, comes to the conclusion that it has decided power in lowering the temperature, at least when septic fever is present. In his experiments on rabbits, he found it to possess decided antipyrogenic effects. Buss, having found that the salicylic acid had no poisonous effects, even in large doses, although so markedly antiseptic in its qualities, decided to try its antipyrogenic qualities. He states that it proves to be a wonderful antipyrogenic, which, both in its effects and in its relationship with quinia, will in a measure take its place. In doses of from four to eight grammes, according to the intensity of the fever, there are none of the unpleasant effects which are so often occasioned by quinia; collapse and symptoms of intoxication are in no wise to be feared. He has also used it in typhoid fever, erysipelas, acute articular rheumatism, with the best results.

Just here we should say that Firin holds that salicylic acid is the radical of salicin, and that salicin has heretofore been used in intermittent fevers. Especially has Blom made much use of it. (*Medic. Beobachtungen und Beiträge über die Salicinen aus dem Holländischen. Von Solomon: Potsdam, 1388.*) He used it with good results in intermittents, chronic diarrhœa, consumption, and in the after-treatment of mucus and worm fevers (*Schleim und Wurm Fieber*), and in fevers accompanied with colliquative discharges or excessive sweating. He gave it the preference over quinia, for the reason that it worked no injury to the organs of digestion, nor caused any congestions of the head. In cases of weak stomach, plethoric constitution, etc., he considered it of great value. Wagner and Freiburg say nothing of its antipyrogenic effects in their published reports of their use of it in diphtheria; but we have no reason to suppose that it failed to produce that effect. The epidemic of Freiburg, described by Wagner, was one of great severity, and very many children were lost; many died of common diphtheria, also many from secondary diphtheria of the upper portion of the trachea. (*Kehlkopfdiphtheria.*) Wagner at first treated his cases by local and mechanical means, which, according to the investigations of Letzterich, seemed to be indicated. His colleagues employed in part other modes of treatment, but all of them lost a very large per cent. of their cases. The internal use of salicylic acid seems now to have been the best remedy employed, and gave splendid results. For children that could not use a gargle he used 0.15–0.3 grammes, in powder, in water or wine, every two hours; and to those who could use a gargle, he gave the following:

R. Salicylic acid,	1.5 grammes.
Alcohol,	15.0 "
Aq. dist.,	150.0 "

To be used as a gargle every hour. If in this some crystallization should take place, it will be sufficient to shake it before using. In this way Wagner treated fifteen very severe cases without having to regret the loss of a case; also the course of the disease in these cases was very markedly shorter than any

of those treated by other means. The lighter cases passed through the course in from three to five days, and very bad cases, in which the local appearances as well as the general symptoms justified an unfavorable prognosis, were generally well in about eight days.

We spoke above of the local use of salicylic acid in water, 1-300. Professor Theirsch has reported a large number of amputations and other large operations (*Sammlung Klinischer Vorträge*, No. 84-85,) which healed readily without fever or swelling, after having been flooded with salicyl water; so that Professor Theirsch feels himself justified in stating that salicylic acid will in the future be very important to the surgeon.

After all this, it is evident that the salicylic acid will become very important to the dental surgeon, for a remedy has long been sought that would perform the office of carbolic acid, thermol acid, etc., without the evil effects, cauterization, bad taste, smell, etc., belonging to them; and now it appears that the salicylic acid will fulfill that office satisfactorily. From my experience it would seem that salicylic acid has an important use in those teeth with dead and decomposing pulps. The decomposing mass in the pulp-chamber and root canals should be removed with suitable instruments, and then the chamber and canals thoroughly washed out with salicyl water. The washing is to be repeated three or four times in as many days, after which the tooth and roots may be filled without any danger of the occurrence of pericementitis. Ostermann uses the salicylic acid in substance in such cases, filling the pulp-chamber with it, and sealing up the cavity temporarily for a few days, afterward removing and filling permanently. Farther experiments by myself have given the best results. Carious teeth, which were exceedingly sensitive but the pulp not yet exposed but nearly so, I washed out thoroughly and repeatedly from two to four days; and then, if the sensitiveness was not abated, I placed salicylic acid in substance in the cavity, sealing it with a temporary filling; at a fixed time this was renewed and the excavating completed, leaving sufficient softened dentine over the pulp to prevent exposure; this part

was again covered with salicylic acid and the permanent filling inserted. I have removed fillings, inserted in this manner, after two, three, four and six months, to see what changes had taken place in the condition of the cavity. I found that after two months the softened dentine began to harden, and that after six months this process was so completed that a strong pressure of the plugger could be used over the pulp without evil results. Ostitis, pericementitis, etc., did not occur in any case so treated, although some of the patients were young and very sensitive, and especially liable to inflammatory processes. As fillings I used mostly amalgam, which was afterward partly or wholly replaced by gold. I have now treated about one hundred cases in this manner. We may, therefore, justly say that the salicylic acid is a substance of the utmost importance both to the scientist and the physician, as well as in the arts; and that possibly, through the interest it has awakened in the study of the aromatic combinations, far more important results may yet be arrived at.

Salkowski, of Berlin, is already of the opinion that benzoic acid is a better antiseptic. He has made such a report in the *Berliner Klinische Wochenschrift*, No. 228, 1875. The experiments are mostly with decaying substances containing albumen. These experiments were performed in this wise: eight hundred cubic centimeters of flesh were very finely chopped in water, for the purpose of experiment; half this amount received 0.4 grammes salicylic acid, the other half a like quantity of benzoic acid. They were at first kept at 25° to 30° C. heat, afterward at common room temperature, and the water allowed to evaporate. In one month the portion receiving the salicylic acid was strongly alkaline, smelled badly, was covered with mould, and contained myriads of bacteria; that which received the benzoic acid did not show the same conditions until seventeen days afterward—one month and seventeen days instead of one month: he therefore concludes that benzoic acid possesses far greater power as an antiseptic. Salkowski denies that salicylic acid possesses deodorizing qualities or powers, for the reason that it has no strong chemical

affinities, throws down no precipitates, nor has any peculiar smell. When fresh meat, finely chopped or in large pieces, is placed in a strong watery solution of benzoic acid, it will not spoil, and the solution will remain clear and retain the smell of the benzoic acid. For internal administration, as antiseptics or antizymotics, the two acids may be used in like quantities, as they both form salts of soda in the blood. A series of experiments have shown that salicylic acid or the benzoic, either one, will at least entirely stop the motions of bacteria when the solutions containing them are saturated with the acids.

Finally, it must be admitted that the experiments of Professors Salkowski, Lavin and Lhiel, with thymol, salicylic and benzoic acids as disinfectants, are calculated in some slight measure to diminish the hopes first raised by Kolbe's report. But Kolbe's services can never be too highly estimated in that they have given rise to an immense amount of experimenting and study, which have again brought forward and given us a better understanding of thymol and benzoic acid, and the whole series of aromatic combinations.

A NEW METHOD OF WOUND DRAINAGE.—In the Edinburgh Medical Journal for September, John Chiene, F. R. C. S., F. R. S. E., Assistant Surgeon Edinburgh Royal Infirmary, etc., thus speaks on this important subject:

Acknowledging the undoubted advantages of the drainage-tube as regards efficiency, I have long felt its disadvantages; for instance, its interference with rapid healing throughout the whole extent of the wound; the irritation it not unfrequently caused by its presence as a foreign body; the blackening of the protective, showing that irritating compounds were always present in the rubber, however pure; the tendency to regurgitation of air along the elastic tube during the dressing, thereby increasing the danger of mischief passing into the depths of the wound; the necessity of dressing a case solely in order to shorten the tube; and the impossibility of being able properly to estimate the rate at which this should be done. These

are self-evident evils, and their removal has for some time occupied my attention. It may also be observed that a tubular drain is not an essential to efficient drainage. The draining-tube acts when blocked, the discharge passing along the outside of the tube and soaking through the blood-clot or granulations which so frequently fill its cavity. I have myself seen old field-drains when lifted filled with vegetable growths and still acting perfectly, the water making its way through the obstruction or along the outer surface of the hollow tiles. To observe how carelessly drainers lay the hollow tiles, leaving often considerable intervals between each, is further proof, if need be, of the continuity of the tubing not being a necessity. I have lately been informed that, in out-of-the-way places in Scotland where drain-tiles are not easily obtained, branches of trees are laid in their stead, and act efficiently in draining moist lands.

The old method of drainage by bringing the silk ligatures out at the corners of the wound, or at an opening made specially for the purpose, as was Mr. Syme's practice in the ankle-joint amputation, encouraged me to hope that advantage might be taken of the phenomena of capillarity in order to effect a thorough drain. The further advantage of utilizing capillary forces was apparent, that, inasmuch as they act in opposition to gravity, it would not be necessary to have the outlet of the drain dependent.

During last Christmas holidays, Mr. Callender, of St. Bartholomew's Hospital, London, when on a visit to this city, informed me that he had stitched together the ends of the drainage-tubes with a catgut stitch, in order to keep them in position for the first three or four days, when the catgut became absorbed, and then the tubing could be gradually removed. The idea then struck me—Why not make the entire drain of catgut instead of gutta percha? If efficient, its advantages in being absorbable were apparent. This might be done in two ways: either by bringing the catgut ligatures out at the corners of the wound instead of cutting them short; or by passing a skein of catgut through the cavity of the

wound before stitching it up. I have made trial of the latter plan.

The first case on which I tried it was Mrs. M., on whom it was necessary to amputate by Carden's method at the knee-joint in consequence of a recurrent sarcoma of the tibia. The operation was performed on the 20th of April, 1876. In this case I carried a skein of thick catgut of eighteen threads through the stump, bringing the ends out at the corners of the wound. I passed two rings of drainage-tubing, each half an inch in length, on to the skein, and placed them in position at the outlets of the catgut drain. My object in doing this was that I did not like, on the first trial, to depend entirely on the skein. This drain acted perfectly. The rings were removed on the third day. On the seventh day, after the greater part of the wound was consolidated, and after the incision had healed by the first intention, except at the corners where the ends of the drain issued, I failed in the antiseptic management of the case, and putrefaction occurred, spreading rapidly along the catgut drain, which soon rotted, and was removed on the tenth day. During the time the drain was in position no tension whatever occurred. This case convinced me that further trial was justifiable, and that capillarity was sufficient to carry off the discharges.

The next case was one of amputation at the ankle-joint. J. B., admitted on the 25th of May, a railway truck having run over his right foot, crushing it, and necessitating amputation. In this case I made a counter opening in the posterior and inferior surface of the flap, and, tying at its center a skein of the finest gut of twenty-four threads with a thread of catgut, I divided it into three equal parts and brought one-third out at each corner of the wound, and the remaining third out at the artificial opening. I then placed in position at the inferior outlet a ring of tubing, omitting it at the other two. The object of this triple arrangement was to test the necessity for tubing at the outlets. I found by the staining on the gauze that free drainage was established at all three openings, showing that the tubing was unnecessary, and that in future

entire dependence might be placed on the skein. The tubing was removed on the third day. The ends of the skein became loose between the sixth and tenth days. I am not able to fix the exact date, as the deep dressing was not changed between the sixth and tenth days; on the sixth day the ends of the drain were firmly attached; on the tenth day they were lying loose on the dressing. The stump on the tenth day was firmly consolidated, union by first intention occurring throughout the whole extent of the wound.

The next case on which it was used was an excision of the knee. P. F., operated on on the 31st of May for osseous angular ankylosis, the result of a wound of the knee-joint a year previously. In this case a skein of thirty-two threads of medium gut was passed behind the bones, and a skein of sixteen threads in front of the bones, and the ends of both skeins brought out at the corners of the wound. The anterior skein was stitched with a thread of chromic acid gut to the tissues over the femur in order to prevent its displacement. The ends of the drains fell off on the twelfth day. The incision healed by the first intention, except at the corners, from which a slight serous discharge of a yellowish color continued until the twenty-fifth day at the outer corner, until the thirtieth day at the inner corner. Small portions of the gut came away during the period between the twelfth and thirtieth day; and I am of opinion that, in this case, too thick a drain was used, and that, although absorption removed the greater part of the drain, the quantity of gut was in such excess that some came away on the discharge, and prevented the healing of the corners of the wound at a much earlier period. The wound is now firmly healed.

Another case on which I tried the method was one in which it was necessary to remove a small fatty tumor from the subcutaneous tissue of the upper part of the forearm. In this wound, a small one, I laid two threads of catgut along the wound, bringing them out at the corners before stitching up. In the same patient it was necessary also to remove a painful

neuroma over the lower end of the ulna. The depth of the wound was considerable, as compared with its superficial extent; in it I stitched with chromic acid gut the drain to the bottom of the wound, bringing the ends out at one corner of the wound. The dressing was reapplied on the second day, and again on the fourth day, when the stitches were removed. The patient was sent home on that day with the drains still in position, and acting efficiently. She returned on the fourteenth day after the operation, when, on removing the dressing, the wounds were healed, the drains having dropped off in the interval. This case illustrates two things: first, the necessity of stitching the drain to the bottom of a deep wound in order to retain it in position; second, that the use of this method materially lessened the number of the dressings, and necessarily the expense; and, further, that the stay of the patient in hospital until the wound was healed was not necessary. These cases are sufficient to illustrate the advantages of this method of drainage by catgut. It is still on its trial, and my thanks are specially due to Mr. Lister, who has kindly put it to further and more extensive test.

The number of threads necessary in each skein will depend on the size and importance of the wound. As I have already said, too large a quantity was used in the case of excision of the knee. In a large wound, as far as I am at present able to judge, eight to sixteen threads should be sufficient in each skein; the number of the skeins depending on the shape and size of the wound. In cases in which very profuse discharge is expected, either in a specially large wound or after a tedious operation, in which the wounded surface is necessarily exposed for a considerable time to the irritation of the carbolic spray, it will be better to increase the number of separate skeins, stitching them to different parts of the wounded surfaces in order to keep them in position, than to depend on one or two thick skeins. I am led to form this opinion from the result in the case of excision of the knee. If it is ever necessary to use a skein of more than sixteen threads, one thread of catgut prepared in chromic acid should be added to act as a

drain, if required, during the absorption and molecular disintegration of the drain. Chromic acid gut should also be used to stitch the drain in position when such a procedure is necessary. As regards the thickness of the gut, I have used three thicknesses. The finer the gut the more numerous and the smaller will be the capillary tubes between the threads. The fineness of the gut will not interfere with the capillary action through the threads. For these reasons, I am of opinion that the finest gut should be used; by its use, the better will be the drain for any given thickness of skein. It may be a question how much of the action is due to capillarity through and between the threads, and how much to the drain acting as a lead to the discharges. Capillarity has, I believe, the chief place. I have hitherto used the gut prepared in the usual way by soaking in carbolic oil. Simple soaking of the drain in carbolic lotion for a quarter of an hour before using will be sufficient in cases in which prepared gut is not at hand.

As long as the drain is acting, there will be a current of fluid along and around the threads (as well as in them), separating them from the living tissue, by means of which the process of absorption mainly takes place. When the flow ceases, then absorption of the column of fluid will first take place, the living walls of the canal will then reach the threads, and absorption will then commence. If this is a true explanation of what happens, then it is evident that it will not be necessary to use catgut specially prepared (as Mr. Lister has shown by chromic acid,) in order to delay absorption.

CHLORAL AND TINCTURE OF EUCALYPTUS IN CANCER OF THE UTERUS.—In the *Gazette Obstétricale*, September 5th, chloral and tincture of eucalyptus, dissolved in water, are strongly recommended as an injection in cases of uterine cancer. From a half to one gramme of chloral, and from one to two grammes of the tincture, are dissolved in five hundred grammes of water, and this injection used daily. The results are diminution of pain, of hemorrhage, and of the serous discharge, and improvement in the general condition.

ELEPHANTIASIS OF THE FEMALE GENITALIA.—The following is the report of an unusual form of elephantiasis, the writer remarking that it is the first time in his practice of forty-three years that he has had the opportunity of observing this rare disease:

Johanna S——, aged twenty-nine years, had suffered in her childhood with the general diseases of that age, also from a slight rachitis and from granulations. She menstruated when eleven years old, and gives no history of syphilis. As early as her eighteenth year she gave birth without special fatigue or trouble. In her twenty-third year she gave birth a second time, at which time labor was difficult and had to be terminated with forceps. According to the statement of the patient, the pressure of one of the blades of the forceps must have given rise to her subsequent affliction.* Some time after her confinement, her companion, who lay in a bed next to her, noticed a swelling of her genitalia, on account of which she was brought as a so-called syphilitic to the hospital in Wurzburg, where, from its description, they recognized the true nature of her extensive trouble. There she constantly refused to allow this large tumor, hanging down from the right inner labia, to be removed. In spite of this she visited the clinic several times, the students promising a recompense in case she should give her consent thereto. In the summer of 1875 she lay in the hospital here for many weeks with typhoid fever, but still objected to the operation.

On the 13th of December she again came to our institution, presenting the following condition: She appeared emaciated and broken down in health. The external labia were swollen to a high degree, resembling œdema, and standing apart posteriorly. Beneath them stood out prominently, from the inner labia of both sides, bulbous excrescences which were surrounded with a row of warts; these warts were also upon the buttocks. Just outside of the right inner lip, and from its uppermost part, a tumor projected down over the vulva,

* Schroeder, in his treatise on Diseases of Women, page 502, remarks that bruises and thrusts occasionally give rise to elephantiasis.

which was seven and one-fourth centimeters long, four and one-fourth centimeters wide, and three centimeters thick.* Its surface resembled neat's tongue, and in shape was a little like a dog's ear. The speculum could be introduced only with difficulty between the parts and into the vagina. The os uteri stood high and was reddened; the cervical canal was narrow, and the walls of the vagina smooth. In general no anomaly of the internal genitalia was apparent, except some leucorrhœa from the uterus. When near her a badly-smelling chocolate-colored efflux was seen about the nates, and so an examination was made per rectum. The examining finger, about two and a half inches above the anus, pushed against a stricture, through which the end of the finger could be squeezed only with difficulty. By the way, it is to be noted that the patient had had for a long time sluggish movements from her bowels, and passed, with considerable straining, fæces similar to those of a sheep. The walls of the rest of the rectum were smooth. There was not found upon the body any signs of an affliction similar to that upon the external genitals. The inguinal glands were not swollen. The patient had not menstruated for three years.

On the 15th of January, 1876, the swelling projecting over the pudenda was excised with a knife, afterwards the root or pedicle was ligated with a thread. Its weight was sixty-five grammes.† The operation was endured very well. The hemorrhage was insignificant. A microscopical examination confirmed the previous clinical diagnosis, as there was found in the tumor hypertrophied tissue, and the chief characteristics of elephantiasis. The stricture of the rectum was easily distended with the finger, so that in a few days the normal lumen was again pretty well established. The treatment in this case had been somewhat of an experiment. On the 14th of January, the patient was discharged from our institution improved some in general health. (Memorabil., July, 1876.)

* One centimeter is equal to about four lines.

† One gramme is equal to about fifteen grains.

CURE OF STRANGULATED INGUINAL HERNIA.—Dr. Henry Blanc, Surgeon-Major of the Indian Army, Bombay, (*Lancet*, September 2), gives the following details:

Heerjebhai N——, a Parsee, fifty-two years of age, but looking much older, weak and somewhat emaciated, was admitted into the clinical surgical ward on July 15th for strangulated inguinal hernia of the right side. The patient states that the hernia first made its appearance some five years ago; it was small and reducible, and he always wore a truss. On the morning of July 14th, whilst straining at stool, he felt a sudden sharp pain in the hernia, and, on rising, found that it had somewhat increased in size, and that he was unable to reduce it.

Condition on Admission.—11 A. M.: The hernia, situated in the right groin, and extending to the upper part of the scrotum, is elongated, tense, and the seat of pain on pressure; the surrounding tissues are normal. The pulse is small and compressible, the face anxious, the eyes deep set, and the skin somewhat clammy. Temperature in axilla 99° . No motion since yesterday morning. The patient suffered from nausea and eructations yesterday evening, and during the night and to-day vomiting has been frequent; the vomited matters are at present watery and tinged with bile; they are not stercoraceous. Taxis has been tried this morning by a native practitioner, but according to the patient's account much force was not used; the manipulations provoked such excessive pain that he would not allow them to be continued, and was taken to the hospital at his own request. An ice-bag was placed over the tumor, and pieces of ice given him to suck; he was also ordered a belladonna suppository. 3 P. M.: The general and local conditions are very much the same as four hours before. Previous to administering chloroform, the patient was told that should taxis fail, advantage would be taken of the anæsthetic about to be given to proceed at once to operate. The patient positively refused to submit to the operation of herniotomy, and before inhaling the chloroform made me promise that, should taxis fail, I would not perform

the other operation. Under chloroform taxis was tried, but a minute of gentle manipulations showed the uselessness of the proceeding in this case. The hernial tumor felt very tense, giving above on percussion a slight resonant sound, and to the hand the feeling of a collection of fluid tightly compressed. Not being allowed to operate, and taking into consideration the character of the strangulated hernia, I decided on puncturing it. I introduced into the hernia the finest trocar of the aspirator, and with this instrument withdrew about an ounce of slightly turbid, amber-yellow serum and a large quantity of gases. On withdrawing the canula, the hernia slipped back into the abdomen with the greatest ease. Ordered half a drachm of tincture of opium, a grain of opium every third hour until its effects were manifest, fomentations to the abdomen, ice to be sucked, and milk and broth diet.

July 16th. The patient passed a good night. The bowels have been moved twice. Complains of no pain in the abdomen; feels well. Temperature in axilla 98.5° ; pulse 84, of a fair volume.

The case progressed most favorably; not a single bad symptom showed itself. The opium was discontinued the second day. Liquid diet alone was allowed for a few days, when more substantial food was permitted. On the 24th he was discharged.

FORMATION OF EPIDERMIS BY THE TRANSPLANTING OF HAIRS. Dr. Schweininger, (*Vierteljahr. für die prak. Heilk.*, Erster Band, 1876,) reports successful results in inducing cicatrization by transplanting to granulating surfaces hairs pulled out by the roots. Placed upon ulcers they formed as many centers of new epithelial growth, which spread outwards, coalesced, and produced rapid and complete cicatrization. These islands proceeded without doubt from the cells of the outer root sheath, which is continuous with the epidermal cells of the rete mucosum, so that epithelium is here developed from preëxisting epithelial cells. (Boston Med. and Surg. Jour.)

DIPHThERIA OF THE VAGINA IN AN INFANT.—M. Orth, *Gazette Obstétricale*, communicated to the Obstetrical Society of Berlin an interesting case of diphtheria, the subject being a year and eleven months old. The labia majora were swelled, and the whole vaginal mucous membrane covered with a grayish exudate. Eyes slightly inflamed but not the least diphtheritic covering. On the other hand the kidneys were swelled, and there were hemorrhages in the mesentery and other organs. M. Orth admits that the genital organs were the seat of a mechanical injury, and that this was the point of departure of the diphtheritic process.

SUB-PERIOSTEAL EXTIRPATION OF THE OS CALCIS.—M. Ollier, *Archives Générales*, September, read a paper before the Paris Academy of Medicine upon extirpation of the os calcis by the sub-periosteal method. His conclusion is that by this method in young subjects regeneration of the bone takes place. The form will depend upon the shape of the periosteal sheath preserved. The ossification may continue a long time after the healing of the wound under the influence of pressure or friction in the exercise of the foot. At the same time the functions are established according to the normal type.

EMMENAGOGUE PILL.—An emmenagogue pill (*Union Médicale*) may be made by adding to fifteen grains of aloes seven and a half grains each of rue, saffron and savin, the whole to be divided into ten pills. One of these pills is to be taken morning and evening, commencing two or three days before the supposed menstrual epoch. Warm hip-baths, dry cups to the lumbar region and to the inferior extremities, leeches to the upper and inner portion of the thighs, and exercise in walking. In the menstrual intervals, give iron and quinia.

LINIMENT TO REPRESS THE SECRETION OF MILK.—This liniment, *Ibid.*, is made of six parts each of the tinctures of black pepper and of bergamot, and two and a half parts of camphor with eighteen of castor-oil. The breasts are rubbed with it three times a day.

Notes and Queries.

THE CENTENNIAL MEDICAL CONGRESS.—The First American International Congress, a grand thought more than a year ago of a number of the Philadelphia profession, has been held. The Congress was designed especially to commemorate the advances made in the United States by the various departments of Medicine during the century just closed. Thus the Centennial Commission directed, and one of the shallowest of criticisms we have seen made was that so many of the addresses were restricted to American work.

To say that the Congress was a great success is no extravagance. Commencing its labors on Monday, September 4th, it continued during the week. General meetings, at which addresses were delivered, and other business transacted, were held in the mornings, and then, after an hour for lunch, the various sections met, and spent from three to four hours in good solid work.

Upwards of four hundred and forty delegates were enrolled, and while, of course, the majority were from the United States, yet the foreigners numbered more than one hundred. Such a medical assemblage has never taken place in this country, rarely in the world. You could scarcely occupy a seat anywhere in the hall where the general meetings were held without being near one or more who had done something famous in a professional way, and whose names are familiar to the profession. There was Paul F. Eve, with his giant form, his snow-white hair, past his three-score-and-ten years, but with no tremulousness of age in his clear, ringing voice, and no abatement of kindly feeling in the hearty grasp of his hand. There was Lunsford P. Yandell, with his iron-gray

hair, his keen, penetrating eye, and his suave, cordial manners, who was engaged in medical teaching more than half a century ago. There was Henry F. Campbell, of Georgia, rotund of form, of restless activity, and ready of speech in any department of medicine; Chaillé, of New Orleans, whose brilliant address won such general praise; and Richardson, too, so widely known and so greatly honored as surgeon, as writer and as teacher; there was Dunlap, of Ohio, the great ovariologist, who will die talking of his last extraordinary case, or of ligating the pedicle or of draining the peritoneum; Brodie, of Michigan, a little more silver appearing upon his closely cropped head, but active in mind and body as he was when the American Medical Association last met in Detroit; Skillman, of Lexington, Ky., a whole-souled, noble man; Kinloch, of South Carolina, so well known in the department of surgery; Hunter McGuire, of Virginia, honored son of an honored sire; Hodgen, of St. Louis, with his black eyes and swarthy face. New York sent her Austin Flint, whose black whiskers, sprinkled with gray, look as if some prankish boy had dashed snow on them; her Austin Flint, junior, whose head looks big enough to hold half a dozen more physiologies, and face broad and benevolent enough to establish as many hospitals; she also sent Fordyce Barker, Peaslee, Post, John P. White, Bumstead, John C. Dalton, Sayre, Van Buren, E. M. Moore, Gouley, Lusk, and John P. Gray. New England was represented by Bowditch, William Warren Greene; the famous ovariologist, Kimball of Lowell; J. B. S. Jackson, Isaac G. Porter, and Edwin M. Snow. Ohio had not only Dunlap, but Williams, Bartholow, Hamilton, Wormley, Pooley, Gordon and others. Indiana had among her representatives those veterans Dr. George W. Mears and Dr. George Sutton. The United States Army had, as two of its representatives, Woodward, whom every one knows, and Billings, whose work in connection with the Surgeon-General's library is placing the profession of this country under such great obligations. Pennsylvania had her Samuel D. Gross, one of the noblest-looking men any profession in any age has produced, presiding over the

deliberations of the Congress with the dignity and grace which seem a part of his nature; she also had the Atlees, Drysdale, DaCosta, Traill Green, Hartshorne, Hewson, Keen, Kirkbride, James Aitken Meigs, Pollock, Packard, Albert H. Smith, Francis G. Smith, Wister and Wood. Illinois had that true representative of American Medicine, N. S. Davis. Washington City had Toner and Busey; may their shadows never grow less, though that of the former might without marring its beauty!

But what of our foreign representatives? There was Robert Barnes, not a Beau Brummel in dress, or a Chesterfield in manners, not a bit of austere dignity, but frank, out-spoken, and when he did speak, as in the obstetrical section, over which he presided, speaking plainly, pointedly and most instructively, and apparently caring very little for the manner of utterance. His head is large, quite high, and bald above, while the sides have a profusion of brown hair; his face has the ruddy hue of one who knows the virtues of good beef and porter. Alexander R. Simpson,* the able successor of Sir James in the University of Edinburgh, does not in the least look like his illustrious uncle did, but is tall, slender in form, with long jet-black hair, and his face, with prominent nose, is thin and seems weary with work, or worn with sorrow. He speaks deliberately, plainly and practically. His age is about forty-three. Lister is older, and looks it too, as his hair is quite gray, and his form has more fullness—more fat, in plain English. His complexion is somewhat ruddy, but the ruddiness hidden by a sort of faint white tinge, just like a field of red clay that has been sprinkled with snow. A member of the Society of Friends by birth and early education, his manner is simple, artless, modest, and were one of the society to meet him, and address him as Joseph, it would not surprise you in the least. Brunton, of the London Prac-

*Professor Simpson is a man active and earnest in all religious efforts. On the Sabbath before the meeting of the Congress, he addressed a large audience in one of the Philadelphia churches upon medical missions. His address, though not marked by any special oratorical powers, was exceedingly interesting, and was very well received.

itioner, is short, very slight in form, light hair, heavy beard; he is about as tall as Professor Holland of the Louisville University, but more slender, and does not look as old. Adams, of London, with his large bald head, dignified manners, might pass for a college president, or an Episcopalian minister. Joliffe Tufnell,* of Dublin, was one of the most notable men in the Congress, tall, of large frame, one who would be not less dangerous in a physical struggle than he has been successful in the treatment of aneurism. The handsomest face at the Congress, delicate, perfectly proportioned, as if chiselled in marble, was that of Hingston, of Montreal. But we have no time for further allusions to the *personnel* of the Congress.

Seventy papers were read in the various sections, and of course it would be impossible in the space we have to mention them all, still more to even allude to the discussions many of them elicited. We give the following extract from the Philadelphia Medical Times of September 16th, heartily hoping that every subscriber who was not a member of the Congress, will avail himself of the opportunity indicated in the last sentence: "The addresses were, on the whole, very satisfactory, and many of the papers of much value. These memoirs, with the discussions and conclusions reached, concern some of the most vital practical questions in modern medicine; and, since they in a great measure express the conclusions of the larger proportion of the best medical minds of the country, one would think that almost every physician in the United States would desire to acquire the record. Once in a century is not oftener than once in a lifetime; and certainly most of our readers can afford seven dollars for this bibliographical souvenir of our country's prosperity."†

*A friend gave me an amusing scene he had witnessed on the corner of Chestnut and Fifth streets, in which Tufnell was the chief speaker. A policeman had ordered a street *gamin* from the curb-stone, Tufnell happening along just at the time, remonstrated, alleging that this was a free country, the boy had a right to his seat, etc.; and kept on some little time "chaffing" the policeman, greatly to the delight of the crowd that had collected.

†Subscriptions should be sent to Dr. Caspar Wister, 1303 Arch street, Philadelphia.

One reason for the marked success of the Congress was the admirably constructed machinery; it worked perfectly. Those gentlemen in Philadelphia who had the devising and arranging of it, deserve the best professional thanks.

Only one thing in the action of the Congress is deserving of adverse and severe criticism, and that was the resolution offered by Dr. Eve forbidding the publication of any of its proceedings, papers, etc., in any medical journal. Dr. Eve's good nature allowed him to be imposed upon in this matter. The resolution, so it was privately whispered in Philadelphia, was offered in the interest of a medical journal whose editor had failed to have any reports prepared, when it was found other journals were having such reports in preparation. Just as soon as the matter was generally understood, there was a feeling that would have secured the reconsideration and repeal of the resolution, only it was thought best simply to let the matter pass in silence, and act as if no such resolution had ever been. The New York Medical Record has shown the absurdity and uselessness of the action, and it is about time such nonsense should be stopped in intelligent medical bodies.

Well, the Congress has become a thing of the past, but the pleasure it afforded those who were members will abide in all their memories; and let us trust that its volume of Transactions will contribute much to medical knowledge, and be an enduring monument to the glory of American medicine.

AMERICAN GYNECOLOGICAL SOCIETY.—This society held its first annual meeting in the Hall of the New York Academy of Medicine, on the 13th, 14th and 15th of September. The attendance was large, including most of the members of the society, and many besides, chiefly from New York City. The papers read were interesting, as well as the discussions elicited by them. Among the most valuable of these papers were those by Drs. Robert Barnes, Emmet and Næggerath. About twenty papers in all were presented; these, with the admirable inaugural address of the president, Dr. Fordyce Barker, will constitute a most valuable volume.

The society elected as honorary fellows only two Americans, and they were Drs. M. B. Wright, of Cincinnati, and Joseph Eve, of Augusta, Ga. The honor was most worthily bestowed. Dr. Wright is too well known to our readers for us to say a word in reference to him; and Dr. Eve is probably the oldest teacher of obstetrics in the United States, having commenced his work nearly forty years ago.

The next meeting of the society will be held in Boston, the last week of May, 1877.

CHICAGO AND THE AMERICAN MEDICAL ASSOCIATION.—We hope the gentlemen in Chicago having in charge the arrangements for the next meeting of the American Medical Association will take a few hints from the management of the International Congress. Give us a printed list of members, and a programme of each day's work. Give us a building in which both general and sectional meetings can be held, and have only an hour intervening between the former and the latter. And in order for the last, arrange for a lunch at one P. M., so that the members will not be scattered off to their hotels or homes, losing two or three hours, or else their dinners, and returning to their afternoon work late, irregularly, tired or stupid.

THE TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF INDIANA FOR 1876.—We acknowledge the receipt of this handsome volume, and commend the Secretary for its prompt appearance. The book is, comparing it with past volumes, singularly free from typographical errors, though still there are too many. Next month we hope to have a review of it from the pen of one of the ablest of American writers.

INDIANA, ILLINOIS AND KENTUCKY TRI-STATE MEDICAL SOCIETY.—The second annual meeting of this society will be held in the city of Vincennes, Ind., November 21, 1876. Prof. Byford, of Chicago, will deliver the opening address.

G. W. BURTON, Rec. Sec'y.

PHILADELPHIA CORRESPONDENCE OF THE BOSTON MEDICAL AND SURGICAL JOURNAL.—We find in the Boston Medical and Surgical Journal of September 21st, an interesting letter as to the International Congress. We give the concluding portion of this letter:

The social side of the congress included the reception given by the physicians of Philadelphia on Monday evening, the very elegant and hospitable receptions given by Drs. Wilson and Thompson on Tuesday evening, by Dr. George Strawbridge on Wednesday evening, and by H. C. Lea and J. B. Lippincott on Thursday. Besides, scores of private dinners were given. Hospitality was lavishly bestowed.

The grand subscription dinner on Friday night was as enjoyable and as successful as every other feature of the congress had been. Professor Gross sat at the head of the central table; Mr. Lister sat on his right, supported by General Hawley; on his left sat Governor Hartranft, supported by Adams, of London. After the company of two hundred had discussed an excellent dinner, Professor Gross called for responses to several appropriate toasts. The speakers were Lister, Adams, Governor Hartranft, General Hawley, Professors Stillé, Dalton, Chaillé, Dr. Woodward, and Professor Hjort, of Norway. All were eloquent. I wish I might make quotations; suffice it to say that the foreign speakers expressed the warmest satisfaction with the results of the congress, their sense of personal benefit, their surprise at the forwardness of medicine in America, and their gratitude for generous hospitality.

The closing meeting Saturday forenoon was marked by a general expression of fraternal feeling of pleasure in the splendid success of the congress, intermingled with good wishes and cordial farewells.

In boyhood's days, after the wearying, delightful pleasures of a Fourth of July, what one of us but wished the day might be enjoyed all over again? Such, it struck me, was the general feeling at the close of the most memorable medical union in our history.

TO THE PRESIDENTS AND SECRETARIES OF SECTIONS, AMERICAN MEDICAL ASSOCIATION, 1877.—*Gentlemen*: Permit a suggestion—would it not be well for you to see that each of your sections shall have an ample supply of good papers? Do not trust to spontaneous generation for material for the work of sections, but by immediate correspondence with those who are qualified, and whose writings will attract and instruct, secure contributions of suitable variety, length and interest. Efforts of this kind can make the Chicago meeting of the Association as marked a success as was the American International Congress.

AN OMISSION AND AN ERROR.—The Clinic, of Cincinnati, September 23d, contained an extract headed "Diseases necessary to human happiness," credited to *The Doctor*. If it will refer to the American Practitioner of June last, it will find that extract as part of a notice of, with extracts from, a manuscript copy of Rush's Lectures, and a quotation from St. George Mivart following the last extract. An omission to read the Practitioner has led it into an error.

AN APOLOGY.—We regret exceedingly the tone of Dr. Bartholow's communication in the last number of our journal. He has done himself injury, if not injustice. A printer's error should not cause such denunciation against a writer of the character and integrity of Dr. Wm. Carson. A sufficient study of rhetoric to avoid using the coarse slang "hefty," would be an excellent thing for one of Dr. Bartholow's position and reputation.